After reading this chapter, you will have the information needed to:

- Explain the goals of restorative care.
- Describe the nurse assistant’s role in providing restorative care.
- Promote independence and self-care.
- Help a person to be active.

After practicing the corresponding skills, you will have the information needed to:

- Help a person walk with and without a cane, crutches and a walker.
- Help a person with passive range-of-motion exercises.
GOALS OF RESTORATIVE CARE

The people in your care require nursing care because they are ill, injured or very frail. Because of physical disability, mental disability or both, their ability to care for themselves is decreased. One of the primary goals of the nursing staff is to help people maintain the abilities they still have, and to help them regain (to the greatest extent possible) the abilities they have lost. This kind of caregiving is called restorative care or rehabilitation nursing. Restorative care helps a person become as fully functional and independent as possible, which increases the person’s ability to enjoy life.

Practicing the principles of restorative care is important with all of the people in your care, no matter where you work. However, if you work in a facility that receives Medicare funding, providing restorative care is a particularly important part of your job. To meet Omnibus Budget Reconciliation Act (OBRA) requirements, the health care staff must identify each person’s risk factors for functional decline (loss of abilities), and take appropriate steps to maintain the person’s existing abilities and prevent any future loss of abilities from occurring. Providing restorative care is essential to achieving these goals.

Today you arrive for your shift at Morningside Nursing Home promptly at 6:45 a.m. After clocking in and putting your personal belongings in your locker, you report to the supervising nurse to find out which residents you will be caring for today. Your first responsibility will be to help your residents with early morning care in preparation for breakfast. You decide to start with Mrs. Winnie Steele and Mrs. Dorothy Winesap, roommates in Room 120. Mrs. Steele, who is 72 years old, has chronic heart failure. Because her weak and damaged heart struggles to pump oxygen-rich blood throughout her body, Mrs. Steele becomes tired and short of breath very easily. As a result, she must stop what she is doing frequently to rest and catch her breath. However, you know that Mrs. Steele can do a great deal for herself if she is allowed to take her time and go at her own pace. Mrs. Winesap, her roommate, fell and broke her hip just after her 95th birthday. Mrs. Winesap is not allowed to stand up and bear weight on her hip for several more weeks; as a result, she requires a great deal of assistance with toileting and dressing. After greeting the roommates and helping Mrs. Steele into the bathroom so that she can use the toilet and brush her teeth, you turn your attention to helping Mrs. Winesap use a fracture pan (a special type of bedpan often used for people with broken hips). In this way, while you are helping Mrs. Winesap, you can still keep an eye on Mrs. Steele and be available to offer assistance if she needs it.

THE NURSE ASSISTANT’S ROLE IN PROVIDING RESTORATIVE CARE

Restorative care is primarily carried out by the nursing staff. As a nurse assistant, you play a critical role in providing restorative care. This is a very important and essential part of your job, because you are the member of the health care team who will spend the most time with the person each day. As you carry out your daily responsibilities, you will provide restorative care by encouraging and helping the person to do as much for herself as she is able, and by providing care according to the person’s care plan (Figure 11-1). Much of the physical care you provide, such as repositioning people and helping them to get out of bed and walk, is essential for helping the people in your care to maintain or regain their physical health, strength and abilities. In addition, when you encourage a person to do something for himself (instead of just doing it for him), you help to maintain the person’s physical abilities as well as his sense of independence, which is important for the person’s dignity and emotional health.

Some of the people in your care will need to learn new ways to do old things so that they can do as much for themselves as possible. Another important aspect of providing restorative care is encouraging and helping those in your care to practice these new skills. Often, the person will work with other members of the health care team (such as a physical therapist, occupational therapist or speech therapist) to learn these new skills, but you will be responsible for helping the person to practice the skills on an ongoing basis (Figure 11-2). For example, a physical therapist may teach a person how to walk with a walker, but you will be responsible for encouraging the person to use the walker, and making sure that she is using the walker correctly.

Key Terms:

restorative care (rehabilitation nursing)
atrophy
contracture
ambulation
transfer (gait) belt
immobility
range-of-motion exercises
Providing Restorative Care

**DO** follow the person’s care plan.

**DO** recognize what the person can do for herself, and encourage her to do it.

**DO** emphasize the person’s abilities, rather than her disabilities.

**DO** focus on the whole person, not just the affected part of her body. Consider the person’s emotional needs as well as her physical ones.

**DO** help the person set realistic goals.

**DON’T** offer false encouragement, or compare the person to others. Each person is an individual.

**DO** be patient.

**DON’T** rush the person through tasks. Give the person enough time to complete the task independently.

**DO** recognize and celebrate even the smallest successes.

**DO** ask the therapist or nurse to show you how to best help the person practice new skills or use new assistive devices correctly.

**DO** report and record the restorative care you provide and your observations regarding the person’s abilities, using measurable terms.

Guidelines for providing restorative care are given in Box 11-1.

**PROMOTING INDEPENDENCE**

Helping a person to keep or achieve his best level of independence is an important goal of restorative care. Seeing positive results from restorative care can take a long time. A key part of your job is observing and reporting even the smallest changes in a person’s abilities. What you observe depends on the goals that are written in the person’s care plan. You may have to watch to see how far the person walks, how much she eats or how far she can bend a joint. It is important to note changes in the person’s abilities in measurable terms, such as distance, amount, or length of time. Also take note of how much effort it took for the person to complete the task. Listen to the person’s comments, and observe physical signs, such as sweating, difficulty catching the breath, or the number of times the person must stop and rest before continuing. Always remember to report and record the restorative care that you provide, and your observations about the person’s progress or setbacks. This information helps the other health care team members adjust the person’s care plan as necessary. In facilities that receive Medicare funding, accurate documentation is also essential for ensuring that the person continues to be eligible for therapy and other services as needed, and that the facility receives proper reimbursement for the services provided.

Figure 11-1 Enabling the resident by ensuring that her cane is within reach gives her the power to be more independent.

Figure 11-2 Nurse assistants help the people in their care to practice new skills that they are learning in therapy.
An important part of providing restorative care is helping the person to be as independent as possible. This man can shave himself if someone brings him the necessary supplies. Used to remind a person what to do without actually telling her. If a person hesitates to do something that you know she can do, it is better to prompt her than to do it for her. For example, suppose a person is about to stand up by herself and use her walker. The walker should be in front of her when she stands up, but it is to the left of where she is going to stand. By asking the person if her walker is where she wants it, you remind her that it is not in the right place and give her the chance to move the walker into the correct position before proceeding. If the person seems to get stuck while completing the task and gives you a questioning look, do not assume that the person does not know what to do. She may just be worried about doing the task incorrectly in front of you. Help by asking, “What do you think you should do next?” The person may tell you and then go on with the task. If necessary, tell her what step should come next, but encourage her to complete the task independently.

As a nurse assistant, you will help to promote independence by allowing the people in your care to provide for their own personal care as much as they are able (Figure 11-3). By encouraging the person to do as much for himself as possible, you help increase his self-esteem and sense of purpose. Explain what you want the person to do in a way that he can understand, and review the steps if necessary. Make sure the person has the supplies he needs to complete the task. Many people use assistive devices to make it easier for them to complete certain tasks independently (Figure 11-4). If the person uses an assistive device for a certain task, make sure it is within reach. Reassure the person that you are available to help if necessary, but encourage him to do as much for himself as possible. Remember to be patient. The person will require more time to complete the task and may need to try several times before successfully completing a step. Resist the urge to complete the task for the person. It is better to allow him the opportunity to succeed and feel the sense of accomplishment that comes with success. Of course, if the person is becoming very frustrated or seems overly exhausted, it is appropriate to step in and help him to complete the task. Always notice and comment on small successes. If you say, “Mr. Lightfoot, you were able to eat everything on your tray but dessert today, and last week you could only get halfway through your meal before getting tired,” he will probably want to try to eat the entire meal without any help by next week. Sharing your observations about the progress he has made encourages him to keep trying to improve.

Many of the people in your care will be receiving therapy to learn new skills to help increase their independence. For example, the occupational therapist may teach the person how to use an assistive device for eating, or the physical therapist may teach the person how to use an assistive device for walking. You continue that teaching by encouraging the person to use her new skills, and by making sure that she is performing the skills correctly. Prompting is a communication technique that can be used to remind a person what to do without actually telling her. If a person hesitates to do something that you know she can do, it is better to prompt her than to do it for her. For example, suppose a person is about to stand up by herself and use her walker. The walker should be in front of her when she stands up, but it is to the left of where she is going to stand. By asking the person if her walker is where she wants it, you remind her that it is not in the right place and give her the chance to move the walker into the correct position before proceeding. If the person seems to get stuck while completing the task and gives you a questioning look, do not assume that the person does not know what to do. She may just be worried about doing the task incorrectly in front of you. Help by asking, “What do you think you should do next?” The person may tell you and then go on with the task. If necessary, tell her what step should come next, but encourage her to complete the task independently.
Although Mrs. Steele tires very easily, she likes to choose her own clothes and dress herself as much as possible. Today, Mrs. Steele has selected a pair of slacks, a sweater set and a necklace. She has put on her slacks and the short-sleeved sweater, but she is having trouble with the cardigan. She is sitting on the edge of the bed and is clearly very tired. It has taken a lot of energy for her to use the toilet, brush her teeth, choose her outfit and begin dressing. You are almost finished helping Mrs. Winesap when Mrs. Steele says, “Honey, would you be a sweetheart and just help me with these sleeves?” You are almost finished in Room 120 and would like to finish helping your other four assigned residents get ready for breakfast. You know that the easiest and quickest thing to do would be just to finish dressing Mrs. Steele in her cardigan, but instead, you say, “Of course! Here, let me help you.” You hold up the cardigan for her and ask her to put one arm in. Before continuing with the other arm, Mrs. Steele needs to stop and rest, but after about a minute she is able to put her other arm in the sleeve. Then you fasten her necklace for her and help her to apply lipstick. You say, “Mrs. Steele, I’m so proud of how much you were able to accomplish on your own today! I hardly had to help you at all!” Mrs. Steele looks up at you and smiles weakly. She says, “I’ve done things for myself my whole life. I don’t want to stop now.”

Nurse assistants are taught to always put the client first. By allowing Mrs. Steele to complete most of her personal care by herself while you helped Mrs. Winesap, did you neglect your responsibilities toward Mrs. Steele? Why or why not?

You decided to help Mrs. Steele finish putting on her cardigan herself, instead of just putting the cardigan on her. Was the extra time it took to help Mrs. Steele put on the cardigan herself worth it? Why or why not?

Mrs. Steele’s condition, heart failure, is terminal (that is, it cannot be cured, and eventually, it will probably cause her death). Do you think it is important to provide restorative care for a person who has a terminal condition? Why or why not?

PROMOTING MOBILITY

Another major goal of restorative care is helping the person to maintain or achieve her best level of mobility. If we cannot move, it becomes much more difficult to do things for ourselves and to remain independent. In addition, the ability to move is important for our physical and emotional health.

Have you ever heard the expression “Use it or lose it”? This condition really can happen. Immobility, or the state of not moving, can cause many physical and emotional problems (Figure 11-5). For example:

**Figure 11-5** Immobility can cause physical and emotional problems.
<table>
<thead>
<tr>
<th>Assistive Device</th>
<th>Used By</th>
<th>Ensuring Proper Fit</th>
<th>Guidelines for Proper Use</th>
</tr>
</thead>
</table>
| Walker          | A person who can bear weight but needs support on both sides | The top of the walker frame should be even with the person’s hip bones. | - Make sure the walker is directly in front of the person.  
- Make sure the person places his hands on the walker's handgrips, stands erect and slightly flexes his elbows.  
  - **Pick-up walker:** Have the person lift the walker and put it down about 6 inches forward and then step or hop into it.  
  - **Four-wheeled or semi-wheeled walker:** Have the person roll the walker forward about 6 inches and then step into it.  
- Encourage the person to walk normally, looking ahead, while using the walker. |
| Cane            | A person who needs assistance with balance but is able to walk without much difficulty | The top of the cane should be even with the person’s hip bone. | - Make sure the person holds the cane handle with the hand opposite the weak leg and stands erect, with his elbow slightly flexed.  
- Position yourself on the person’s weaker side.  
- Have the person move the cane forward about 6 to 11 inches. Make sure the tip of the cane is firmly on the floor.  
- Have the person use the cane for support while standing on the stronger side and moving the weaker leg forward until it is even with the cane. Next, the person moves the stronger leg forward, ahead of the cane and the weaker leg.  
- Encourage the person to look ahead while using the cane. |
| Crutches        | A person who cannot use one leg or when both legs are weak and need support | The top of the crutches should rest against the person’s sides (not in the person’s armpits). | - Make sure the person stands erect, supporting his weight on the handgrips and gripping the crutches between the chest and the inside of the upper arms.  
- Have the person move both crutches forward along with the weaker leg, and then bring the strong leg up to meet the crutches.  
- Encourage the person to look ahead while using the crutches. |
**Musculoskeletal problems.** Bones lose calcium and become brittle. Muscle mass decreases (a condition called **atrophy**), and strength is lost. Holding a joint in the same position for too long can cause the tendons to shorten and become stiff, resulting in loss of motion in the joint. This is called a **contracture**. Bend your wrist so that your palm moves toward the inside of your arm. This position is similar to that of a contracture that affects the wrist. Imagine what it would be like to try to eat, dress and go to the bathroom with your hand bent in this position.

**Respiratory problems.** Lying down for long periods of time decreases the person’s ability to fully inflate the lungs with each breath, which allows secretions to pool in the lungs and puts the person at risk for pneumonia.

**Cardiovascular problems.** Inactivity slows circulation. As a result, healing is delayed and dangerous blood clots can form.

**Skin problems.** Pressure ulcers can develop. Pressure ulcers are painful, difficult-to-heal sores that can be fatal. You will learn more about pressure ulcers in Chapter 12.

**Elimination problems.** A lack of activity causes food to move more slowly through the intestines, putting the person at risk for constipation. Immobility can also lead to incontinence (an inability to control the release of urine or feces).

**Emotional problems.** Depression and feelings of helplessness, anger and loneliness can occur.

As a nurse assistant, you help a person stay active and mobile with **ambulation** (walking) and **range-of-motion exercises** (exercises that help to keep joints functional by moving them in a systematic way).

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**Helping a Person to Walk**

Encouraging the people in your care who can walk to do so several times a day has many important health benefits, even if the person only goes a short distance at a time. Some people will only need your assistance to remain safe and steady on their feet while they are walking. Others will use an assistive device, such as a cane, a walker or crutches, to walk (Table 11-1). For many people, the use of an assistive device allows the person to walk independently.

Dizziness is common when a person sits up after being in bed for awhile. Before assisting a person to walk, allow her to sit on the edge of the bed for several minutes before standing up. If the dizziness does not pass after several minutes, help the person to lie back down and report the dizziness to the nurse. The person may also become dizzy after she has been walking for awhile. If this occurs, or if the person becomes sweaty, short of breath or complains of pain, help her to sit down and rest. Some people may begin to fall quite suddenly while they are walking, especially if they are weak, ill or unsteady on their feet. Do not try to stop a fall; doing so may injure you and the person. Instead, use the technique shown in Box 11-2 to minimize injury to the person and to yourself if the person begins to fall while you are assisting her with walking.

A **transfer (gait) belt** is a wide, webbed belt that is placed around the person’s waist when you are assisting the person to walk. The transfer belt allows you to support the person by giving you a safe place to put your hands (Figure 11-6). Many employers will require you to use a transfer belt when helping a person to stand, walk or transfer (for example, from the bed to a chair), unless the person has a medical condition that makes using a transfer belt unsafe. A transfer belt should not be used for people with certain medical conditions, including recent abdominal, chest or back surgery; severe respiratory problems; or severe cardiac problems. When putting a transfer belt on a person, make sure that it is snug without being too tight. You should be able to slip two fingers between the person’s body and the belt.

Guidelines for helping a person to walk safely are given in Box 11-3. Skill 11-1 describes step by step how to help a person to walk.

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Figure 11-6 A transfer belt gives you a safe place to grasp when helping a person to stand up and move from one place to another.
Box 11-2  Minimizing Injury When a Person Starts to Fall While Walking

Put your arms around the person’s waist or under his arms, and hug the person’s torso close to your body.

Bend your knees and lower the person slowly to the floor by sliding him down your leg.

Place one foot behind the other to widen your base of support.

Lower yourself to the floor and sit beside the person. Call for help. While waiting for help to arrive, stay with the person. Provide reassurance and make the person comfortable.

Box 11-3  Nurse Assistant DO’s and DON’Ts

Helping a Person to Walk

**DO** make sure the person is wearing footwear. The person’s shoes or slippers should fit well and have nonskid soles.

**DO** use a transfer belt, unless the person has a condition that makes the use of a transfer belt dangerous (for example, recent abdominal, chest or back surgery; severe respiratory problems; or severe cardiac problems).

**DON’T** hold onto the person’s arm. Instead, grasp the transfer belt.

**DO** allow the person to sit on the edge of the bed for several minutes before standing up to walk, if the person has been lying down in bed.

**DO** handle medical equipment, such as an IV bag and tubing or a urinary catheter drainage bag and tubing, appropriately so that treatment is not disrupted and the person is not harmed as you help her walk. An IV bag should always be higher than the IV entry site. A urinary catheter drainage bag and tubing should always be lower than the bladder. Make sure tubing is properly secured so that it does not become a tripping hazard.

**DO** make sure you know the proper way to use the person’s assistive device for walking, if the person uses one. Watch the person’s technique and correct any errors.

**DO** make sure the assistive device is in good working order. Rubber tips on canes, crutches or walkers that are missing, worn or cracked should be replaced. Frames on walkers should be secure.

**DO** watch the person carefully for signs of fatigue, dizziness or pain.

**DO** gradually increase the distance the person walks to help build confidence.
### Table 11-2 Common Medical Terms Used To Describe Movement

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td>Bending</td>
</tr>
<tr>
<td>Extension</td>
<td>Straightening</td>
</tr>
<tr>
<td>Abduction</td>
<td>Moving away from the body</td>
</tr>
<tr>
<td>Adduction</td>
<td>Moving toward the body</td>
</tr>
<tr>
<td>Rotation</td>
<td>Moving in a circular motion along a fixed point or axis</td>
</tr>
<tr>
<td>Pronation</td>
<td>Turning the palm downward</td>
</tr>
<tr>
<td>Supination</td>
<td>Turning the palm upward</td>
</tr>
<tr>
<td>Radial Deviation</td>
<td>Bending the wrist toward the thumb (the side where the radius bone is located)</td>
</tr>
<tr>
<td>Ulnar Deviation</td>
<td>Bending the wrist toward the little finger (the side where the ulna bone is located)</td>
</tr>
<tr>
<td>Dorsiflexion</td>
<td>Bending the ankle so that the toes point up</td>
</tr>
<tr>
<td>Plantar Flexion</td>
<td>Bending the ankle so that the toes point down</td>
</tr>
<tr>
<td>Inversion</td>
<td>Turning the ankle inward</td>
</tr>
<tr>
<td>Eversion</td>
<td>Turning the ankle outward</td>
</tr>
</tbody>
</table>
While you are helping Mrs. Winesap with her early morning care, she says to you, “I am so tired of lying in this bed all day! I can’t wait until I’m able to be up and on my feet again!” You know that Mrs. Winesap is not allowed to bear weight on her healing hip right now, but later on in her recovery she will begin to walk again using an assistive device.

Once Mrs. Winesap’s doctor has approved a change to weight-bearing status, which assistive device for walking would you expect the physical therapist to recommend for Mrs. Winesap?

When Mrs. Winesap has progressed enough in therapy to walk without the physical therapist present, what will you look for when you are helping her to use the assistive device to ensure that she is safe and using the device properly?

Helping a Person with Range-of-Motion Exercises

To remain functional, joints must be used and put through their normal range of motion. Normally, the activities we do every day are enough to keep our joints healthy and functioning well. However, when a person has an injury or condition that prevents normal activity, range-of-motion exercises may be used to keep the joints flexible and mobile. Range-of-motion exercises put the joint through its maximal extent of movement (that is, the joint’s range of motion) and are important for preventing contractures from developing. Common medical terms used to describe movement are defined in Table 11-2.

Range-of-motion exercises may be active (done independently by the person), active-assisted (done by the person with help from a caregiver), or passive (done by a caregiver for the person). When you are helping a person with range-of-motion exercises, you should only move the joint as far as is comfortable for the person. Be aware that range of motion differs from person to person. It may even differ within the same person, depending on the time of day. For example, a person who has arthritis may not have much range of motion in the early morning because of joint pain. But in the late morning, after her bath and after she has taken her pain medication, she may have more range of motion.

Range-of-motion exercises may be ordered for one joint, several joints or all joints. Always check the person’s care plan. When assisting a person with range-of-motion exercises, work in a systematic manner, beginning at the top of the person’s body and working your way down. Do all of the exercises on one side of the body, and then repeat them on the other side. Box 11-4 contains general guidelines for assisting a person with range-of-motion exercises, and Skill 11-2 provides step-by-step instructions for assisting with passive range-of-motion exercises.

CHECK YOUR UNDERSTANDING

Questions for Review

1. The nursing staff provides what kind of care to help people maintain or achieve their best possible level of functioning?
   a. Physical therapy
   b. Occupational therapy
   c. Restorative care
   d. Personal care
2. A stroke has made it difficult, but not impossible, for Mrs. Klein to feed herself. To best assist Mrs. Klein, you would:
   a. Feed Mrs. Klein yourself so that her food does not get cold.
   b. Place Mrs. Klein’s meal tray on her over-bed table, and then leave the room.
   c. Let Mrs. Klein feed herself for 5 minutes, and then finish feeding her the rest of the meal.
   d. Encourage Mrs. Klein to use the assistive device the occupational therapist gave to her for eating.

3. Inactivity can cause:
   a. Atrophied muscles.
   b. Blindness.
   c. Arthritis.
   d. All of the above.

4. Mrs. Clymer has arthritis and needs to do range-of-motion exercises. When you go to her room to help her, she says that she cannot do them today because she hurts too much. The best way to respond is to say:
   a. “You need to do them because the doctor ordered them. Let’s just do them and get them over with."
   b. “If we do them quickly, we’ll finish up faster.”
   c. “Okay, we’ll do them tomorrow.”
   d. “It’s so important for you to do these exercises to keep your joints flexible. Let’s try to do them very slowly, and you can let me know when you need to rest or stop.”

5. You are helping Mr. Grey to walk to the bathroom when he suddenly starts to fall. What should you do?
   a. Grab Mr. Grey’s arm to keep him from falling.
   b. Assist Mr. Grey to sit in a chair or on the floor.
   c. Hug Mr. Grey’s body close to yours and use good body mechanics to lower him gently to the floor.
   d. Call for the nurse so that she can check Mr. Grey for injuries.

6. Mrs. Ward has emphysema, a lung disease that makes it difficult for her to breathe. As a result, she becomes winded and tired very easily. To make it easier for her to walk and to help her maintain her current level of independence, the physical therapist has recommended that she use an assistive device for walking. Which type of assistive device would be most appropriate for Mrs. Ward?
   a. Crutches
   b. A cane
   c. A transfer belt
   d. A wheeled walker

7. As part of providing restorative care, nurse assistants are responsible for which of the following?
   a. Helping the person practice what he or she has been taught in therapy
   b. Providing support and encouragement
   c. Reporting and recording the restorative care that was provided and what the person was able to achieve, using measurable terms
   d. All of the above

8. Which of the following people is a candidate for receiving restorative care?
   a. Mrs. O’Leary, who is 98 years old and blind
   b. Mr. Dunlap, who has had several toes amputated (surgically removed) due to complications of diabetes
   c. Mrs. Singer, who has multiple sclerosis, a progressive neurologic disease with no cure
   d. All of the above

9. Mrs. Garcia, who is recovering from a broken hip, is upset because she couldn't reach the end of the hallway today. “Yesterday I walked twice as far with this stupid thing!” she says, and angrily pushes her walker away. What can you say to help her feel better?
   a. “I’m sure you’ll be back on your feet and have no need for the walker soon!”
   b. “I know you can do it! Why, just last week Mrs. Reynolds made it all the way down the hall and back.”
   c. “Yes, you made it all the way to the end of the hallway yesterday, and you made it almost that far today. You’re doing great! Healing from a broken hip takes a long time, and I’m really pleased with how much you’ve been able to do already.”
   d. “I’ll talk to the physical therapist. Maybe he can help you with the walker.”

Questions to Ask Yourself

1. Mr. Rivera had a stroke, which resulted in left-side paralysis. What suggestions do you have for Mr. Rivera to help him increase his activity?

2. Mr. Roberts, one of your home care clients, has severe Parkinson’s disease. Because his hands shake so much, he struggles to eat. You are responsible for making sure Mr. Roberts eats lunch. You know that with time and encouragement, he
can eat independently using adaptive devices for eating. One day, Mr. Roberts’ wife says to you, “You are so patient! I just don’t have that kind of patience. For me, it’s just easier to feed him his dinner every night.” How would you respond?

3. Ms. Jones is unsteady on her feet and very afraid of falling. She wants you to take her to the bathroom in her wheelchair. What do you think would be the best thing for you to do?

4. How can you help maintain independence for a person who needs to use a walker?

5. How can you help maintain good body mechanics for someone who uses a cane to walk?

6. Name some of the body parts that are exercised when you help someone with passive range-of-motion exercises. Why are these exercises important for providing restorative care?

7. Ever since he developed severe arthritis in his hands, Mr. Hudson has lost weight. “I’m just not as hungry as I used to be,” he tells you at lunch. One day you overhear Mr. Hudson telling his roommate that he doesn’t want to be a burden to anyone. What can you do to make sure Mr. Hudson receives adequate nutrition and maintains his independence?
SKILLS

Skill 11-1
Helping a Person to Walk

PREPARATION

1. Wash your hands.
2. Gather your supplies:
   - Transfer belt, if you are using one
   - The person’s walker, cane or crutches (if the person uses an assistive device)
   - The person’s robe, and slippers or shoes
3. Knock, greet the person and ensure privacy.
4. Explain the procedure.
5. Adjust equipment for body mechanics and safety:
   Lower the bed to the level specified in the person’s care plan. Make sure the wheels on the bed are locked.

PROCEDURE

6. If the person has been lying down in bed, allow her to sit on the edge of the bed with her feet flat on the floor for at least 2 minutes before continuing. Some dizziness is common when a person sits up after being in bed for a while. See if the dizziness passes in 2 minutes. If it does not pass, if it gets worse, if she becomes sweaty or short of breath, or if she is in any pain, help the person to lie back down and report your observations to the nurse.
7. Help the person put on the robe and footwear. Put the transfer belt on the person.
8. If necessary, help the person to stand up: Stand facing the person, and either grasp the transfer belt on the back side of her waist with your palms up or, if you are not using a transfer belt, put your arms underneath the person’s arms and place your hands on her shoulder blades. Place your toes against the person’s toes and bend your knees so that they rest against, or near, her knees. Have the person lean forward, toward you. Tell the person that on the count of 3 she can push down on the bed or chair with her hands while you assist her to a standing position. On the count of 3, straighten your legs, helping to lift the person to a standing position.
9. If the person is using an assistive device for walking, make sure it is positioned properly. If the person is using a walker, it should be positioned directly in front of her. If the person uses a cane, make sure she is holding it in the hand opposite her weak leg.
10. Stand slightly behind the person on the person’s weaker side. Grasp the transfer belt on the back side of the person’s waist, with your palms up (Figure 1).

COMPLETION

11. Starting on the same foot as the person, walk on her weaker side and a little behind.
12. Ensure the person’s comfort and good body alignment.
13. Adjust equipment for safety: Lower the bed to the level specified in the person’s care plan. Make sure the wheels on the bed are locked. Place the person’s method of calling for help within reach. Lower or raise the side rails according to the person’s care plan.
14. Clean up your work area.
15. Wash your hands.
Skill 11-2
Helping a Person with Passive Range-of-Motion Exercises

PREPARATION
1. Wash your hands.
2. Gather your supplies.
3. Knock, greet the person and ensure privacy.
4. Explain the procedure.
5. Adjust equipment for body mechanics and safety:
   - Raise the bed to a comfortable working height. Make sure the wheels on the bed are locked.

PROCEDURE
6. Lower the head of the bed as low as the person can tolerate. Make sure the person is in the supine position (lying on the back) and in good body alignment.

Task 1: Exercise the Shoulder
7. With one hand, hold the person's wrist and put your other hand under the elbow. Provide this support throughout the following motions.
8. Flexion and extension. With the person's arm by his side and the palm down, raise the person's arm straight up and then move it alongside the ear (Figure 1A). Then lower the arm to the person's side. Repeat 5 times.
9. Abduction and adduction. With the person's arm by his side and the palm up, move the person's arm out away from the body (Figure 1B). Then return the arm to the person's side. Repeat 5 times.
10. Horizontal abduction and adduction. Hold the person's arm out away from the body with the palm up. Bend the elbow, touching the person's hand to the opposite shoulder (Figure 1C). Then straighten the person's elbow, returning the hand to its original position. Repeat 5 times.
11. Rotation. Bend the person's arm and position the elbow so that it is at the same height as the shoulder. Move the hand up toward the person's head and then down (Figure 1D). Repeat 5 times.

Continued on next page
Figures 1D and 2A

12. With one hand, hold the person’s wrist and put your other hand under the elbow. Provide this support throughout the following motions.

13. **Flexion and extension.** With the person’s arm by his side with the palm up, bend the person’s arm at the elbow so that the hand moves toward the shoulder on the same side (Figure 2A). Then straighten the arm back down to the hip. Repeat 5 times.

Figures 2A and 2B

14. **Pronation and supination.** Bend the person’s elbow so that the forearm is at a right angle to the bed. Gently turn the person’s hand so that the palm is facing the foot of the bed. Then turn the hand so that the palm is facing the head of the bed (Figure 2B). Repeat 5 times.

Figures 3A

15. Hold the person’s wrist with the palm down with one hand and the person’s fingers with your other hand. Provide this support throughout the following motions.

16. **Flexion and extension.** Bend the person’s elbow so that the forearm is at a right angle to the bed. Bend the wrist to move the person’s hand forward, and then straighten the wrist to move the hand backward (Figure 3A). Repeat 5 times.
17. **Radial and ulnar deviation.** With the person’s hand still raised off the mattress, gently tilt the person’s hand toward the thumb. Then tilt the hand the other way, toward the person’s little finger (Figure 3B). Repeat 5 times.

18. **Flexion and extension.** Bend each of the fingers (one at a time) and the thumb to touch the palm (Figure 4A). Then extend each of the fingers (one at a time) and the thumb. Repeat 5 times.

19. **Abduction and adduction.** Hold the person’s thumb and index finger together in one of your hands. With the other hand, spread the middle finger away from the index finger. Move the middle finger to the index finger and hold the middle finger, index finger and thumb together. Move the ring finger away from the other three fingers (thumb, index and middle), then back to them (Figure 4B). Hold all four fingers. Move the little finger away from the other four fingers (thumb, index, middle and ring), then back to them. Now work in the other direction. Hold the little finger and ring finger together and move the middle finger away and back. Complete with the index finger and thumb. Repeat 5 times.

20. **Thumb flexion and extension.** Bend the person’s thumb in toward the palm, and then return it to its natural position (Figure 4C). Repeat 5 times.

**Task 4: Exercise the Fingers and Thumb**

21. **Thumb flexion and extension.** Bend the person’s thumb in toward the palm, and then return it to its natural position (Figure 4C). Repeat 5 times.

Continued on next page
22. **Thumb opposition.** Touch the tip of the thumb to each finger (Figure 4D). Repeat 5 times.

23. **Put one hand under the person’s knee and your other hand under the ankle. Provide this support throughout the following motions.**

24. **Flexion and extension.** Bend the person’s knee and move it up toward the head to flex the knee and hip (Figure 5A), then straighten the person’s knee, extending the knee and hip. Lower the person’s leg to the bed. Repeat 5 times.

25. **Abduction and adduction.** Move the person’s leg out away from his body (Figure 5B). Then return the leg to the person’s side. Repeat 5 times.

26. **Hip rotation.** Keeping the person’s leg straight, turn the leg inward and then outward to rotate the hip (Figure 5C). Repeat 5 times.

27. **Task 6: Exercise the Ankle**

   Put one hand under the person’s ankle and grasp the foot with your other hand. Provide this support throughout the following motions.
28. **Dorsiflexion and plantar flexion.** Gently push the person’s foot backward toward his head and then forward toward the mattress (Figure 6A). Repeat 5 times.

29. **Inversion and eversion.** Turn the person’s foot inward and then outward (Figure 6B). Repeat 5 times.

30. **Flexion and extension.** Place your other hand on the top of the foot, over the toes. Curl the toes downward and then straighten them (Figure 7A).

32. **Abduction and adduction.** Starting with the big toe and the one next to it, hold the two toes together and move the middle toe away from them (Figure 7B). Continue spreading the toes in the same way you spread the fingers in Task 4, Step 20. Repeat 5 times.

**Task 7: Exercise the Toes**

30. Put one hand under the person’s foot. Provide this support throughout the following motions.

31. **Flexion and extension.** Place your other hand on the top of the foot, over the toes. Curl the toes downward and then straighten them (Figure 7A).

**COMPLETION**

33. Ensure the person’s comfort and good body alignment.

34. Adjust equipment for safety: Lower the bed to the level specified in the person’s care plan. Make sure the wheels on the bed are locked. Place the person’s method of calling for help within reach. Lower or raise the side rails according to the person’s care plan.

35. Clean up your work area.

36. Wash your hands.

37. Report and record.