

State-approved Curriculum Nurse Aide I Training Program

MODULE G Basic Restorative Care

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation



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North Carolina Department of Health and Human Services
Division of Health Service Regulation
North Carolina Education and Credentialing Section

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Module G – Basic Restorative Definition List

Adaptive Devices (assistive devices) – special equipment that helps a disabled or ill resident perform activities of daily living (ADLs)

Amputation – surgical removal of a body part

Basic Restorative Care – care provided after the resident's highest possible functioning is restored through rehabilitation following illness or injury

Bladder/Bowel Training – measures taken to restore the function of voiding and defecating by a resident, with the ultimate goal of continence

Contraindication – a specific situation or factor that makes a procedure or course of treatment inadvisable because it may be harmful to a person

Defecation – the process of emptying the rectum of feces

Empathy – being able to identify with and understand how a resident feels with the willingness to alter one's behavior in light of how others feel

Enema – the introduction of fluid into the colon to eliminate stool or feces or stimulate bowel activity

Functional Loss – partial or complete loss of the function of a body part

Incontinence – the inability to control urination or defecation

Orthotic Device – a medical device designed to support, align, or enhance the function of a person's musculoskeletal system and may help with one's appearance

Prosthetic Device – artificial replacement device for a body part that is missing or deformed and specifically fitted to one person; intended to improve a person's function and appearance

Range of Motion – the amount that a person can move a joint voluntarily

Rehabilitation – restoration of a resident's highest possible functioning following illness or injury

Supportive Device – special equipment that helps a disabled or ill resident with movement

Urination (or voiding) – the process of emptying the bladder

Module G – Basic Restorative Care	
(S-1) Title Slide (S-2) Objectives <ol style="list-style-type: none"> 1. Differentiate between rehabilitation and restorative care 2. State the goals of restorative care 3. Explain the role of the nurse aide in basic restorative care 4. Describe the processes involved with bowel and bladder training 5. Demonstrate selected range of motion exercises 	
Content	Notes
(S-3) Rehabilitation and Restorative Care Rehabilitation and restorative care work together to help residents regain lost abilities, maintain abilities, and prevent further loss of abilities. <ul style="list-style-type: none"> • Rehabilitation services help residents maintain, regain, or improve skills lost or impaired due to illness, trauma, or disability. These skills may be functions of daily life, such as cooking, dressing, or bathing. Other skills may include staying balanced, walking or climbing stairs. Talking, hearing, or swallowing may also be addressed in the rehabilitation setting. • Rehabilitation may be necessary after a severe accident, brain or spinal injury, bone fracture, surgery, or the diagnosis of a degenerative disorder. • After a resident has reached their highest level of functioning through rehabilitation, they move to basic restorative care. 	
(S-4) Basic Restorative Care <ul style="list-style-type: none"> • Restores the resident's highest possible functioning through rehabilitation following illness or injury • Assists with any adjustments and improvements that help residents live as independently as possible 	
(S-5) Goals of Restorative Care <ul style="list-style-type: none"> • Preserve and support accomplishments restored through rehabilitation • Offer adjustments and improvements that help residents live as independently as possible 	
(S-6) The Importance of Basic Restorative Care <ul style="list-style-type: none"> • Emphasizes maintaining and improving existing abilities • Prevents any further complications 	

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<ul style="list-style-type: none"> • Aims at moving residents toward independence as much as possible and encourages residents to do as much as they can, as long as they can, as often as they can • Provides a team effort to assist residents to develop a productive lifestyle • Helps residents to accept or adapt to limitations that cannot be overcome • Increases residents' self-esteem and helps them achieve and maintain the highest possible physical, mental, and psychosocial functioning. 	
<p>(S-7) Nurse Aide Role – Recognize Signs</p> <ul style="list-style-type: none"> • Nurse aides are often the first health care providers to recognize signs that a resident is feeling a loss in independence and should be reported to the supervisor <ul style="list-style-type: none"> – Negative self-image – Anger directed toward others – Feelings of helplessness, sadness, hopelessness – Feelings of being useless – Increased dependence – Depression • Encourage the resident and support the family when a functional loss (partial or complete loss of the function of a body part) and loss of independence leads to these feelings • Be sensitive to the resident's needs. Some may be embarrassed, need more encouragement than others, and need to be more involved in planning their activities 	
<p>(S-8) Nurse Aide Role – Recognize Feelings</p> <ul style="list-style-type: none"> • Be positive and supportive • Emphasize abilities • Explain planned activities and how nurse aide will help • Treat with respect • Allow for expression of feelings • Develop empathy for the situation • Praise accomplishments <ul style="list-style-type: none"> — Assist resident in doing as much as possible — Be realistic, though, and never give false hope 	
<p>(S-9) Nurse Aide Role – Give Support During Resident Setbacks</p>	

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<ul style="list-style-type: none"> • Review skills that will be needed by the nurse aide to assist with restorative activities • Focus on small tasks and accomplishments • Recognize that setbacks will occur • Inform residents that setbacks occur and are to be expected • Encourage residents to continue with planned care in the face of setbacks • Explain that setbacks are an opportunity to improve the next attempt 	
(S-10) Nurse Aide Role – Encourage Choices <ul style="list-style-type: none"> • Inspire the resident’s control over their life • Support resident’s choice of when their activities are scheduled • Encourage the selection of appropriate clothing • Show patience with a resident when preparing for activity 	
(S-11) Nurse Aide Role – Support Resident During Activities <ul style="list-style-type: none"> • Provide for rest periods • Promote as much independence by residents as possible during an activity • Encourage the use of any prescribed adaptive devices • Consider involving the family in activities with the resident’s permission 	
(S-12) Prosthetic Devices Prosthetic devices are artificial replacement devices for a body part that is missing or deformed and specifically fitted to an individual; intended to improve a person’s function and appearance <ul style="list-style-type: none"> • Examples include artificial eyes, hearing aids, artificial breasts, implanted lenses, cochlear implants, artificial hip joints, devices for use with amputation, artificial body parts such as a leg or hand • Tips to remember <ul style="list-style-type: none"> – Devices are usually expensive and should be handled with care and prevented from being lost – A nurse or a therapist should demonstrate the application of a prosthesis before the nurse aide tries this 	

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<ul style="list-style-type: none"> – Follow any specific instructions for areas of prosthetic attachment – Observe skin under and near the prosthetic device often for signs of skin breakdown caused by pressure and abrasion – Keep any skin under the prosthetic device clean and dry – Provide good skin care to all areas at risk for rubbing by any prosthetic device – Respect the resident's decision to wear or not wear a prosthetic device – Be empathetic or able to identify with and understand how a resident feels; remember the psychological toll that the need for a prosthetic device could take on an individual and commend the resident when they use the device 	
<p>(S-13) Orthotic Devices</p> <p>Orthotic devices are medical devices designed to support, align, or enhance the function of a person's musculoskeletal system; an orthotic device may help prevent or correct a deformity and protect joints and soft tissue injuries.</p> <ul style="list-style-type: none"> • Examples include fitted brace for weak body parts, splints, eyeglasses, contact lenses, crutches, walkers, canes, knee and spinal braces, finger and wrist splints, cervical collar, neck braces, helmet • Tips to remember <ul style="list-style-type: none"> – Devices may be specific to the resident and should only be used with that resident and prevented from being lost – If there are wheels, lock them when moving the individual in or out of the device – Always be alert for devices that might rub a bony prominence and report at once – If trained to do so, pad between a bony prominence and a device 	
<p>(S-14) Supportive Devices</p> <p>Supportive devices are special equipment that helps a disabled or ill resident with movement</p> <ul style="list-style-type: none"> • Examples include canes, walkers, crutches, wheelchairs, and motorized chairs 	

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(S-15) Assistive (Adaptive) Devices <ul style="list-style-type: none"> Assistive devices are special equipment that helps a disabled or ill resident perform activities of daily living (ADLs) <ul style="list-style-type: none"> Promote independence Successful use of adaptive devices depends on the resident's attitude, acceptance, motivation, and support from others 	
(S-16) Assistive Devices for Positioning - Pillows <ul style="list-style-type: none"> Regular pillows Cylinder-shaped foam pillows 	
(S-17) Assistive Devices for Positioning – More Pillows <ul style="list-style-type: none"> Abduction pillow Wedge pillow 	
(S-18) Assistive Devices for Positioning – Regular Pillows <ul style="list-style-type: none"> Used to position resident in a side-lying position 	
(S-19) Assistive Devices for Positioning – Bed Cradle <ul style="list-style-type: none"> Bed cradles – keep bed covers off legs and feet Footboards – help prevent foot drop Heel protectors – some types help with foot alignment 	
(S-20) Assistive Devices for Eating – Plates and Spoons <ul style="list-style-type: none"> Angled utensils – for limited arm or wrist movement Sipper cup Large grip-handled utensils Plate with a lip around the edge – keeps food on a plate Snap on food guard – keeps food on a plate 	
(S-21) Assistive Devices for Eating – Spoon and Cup <ul style="list-style-type: none"> Drinking cup with flexible straw Curved handle spoon 	
(S-22) Assistive Dressing Devices – Shirts, Jackets, Pants, Skirts et cetera <ul style="list-style-type: none"> Button Fastener Zipper Pull 	
(S-23) Assistive Dressing Devices – Socks and Stockings <ul style="list-style-type: none"> Sock and stocking slider 	

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(S-24) Assistive Dressing Devices for Shoes <ul style="list-style-type: none"> • Long handled shoehorn 	
(S-25) Assistive Mouth Care Devices – Toothbrushes <ul style="list-style-type: none"> • Electric toothbrush • Denture brush 	
(S-26) Assistive Nail Care Devices – Nail cleaner and brush <ul style="list-style-type: none"> • Nail brush 	
(S-27) Assistive Bathing Devices - Bathing <ul style="list-style-type: none"> • Long Handled Sponge 	
(S-28) Assistive Diabetic Foot Care Device – Foot checks for residents with diabetes <ul style="list-style-type: none"> • Long-handled mirror with brush <ul style="list-style-type: none"> – to wash feet – to examine heels, toes, and bottoms of the feet for reddened areas, abrasions, or sores 	
(S-29) Assistive Devices for Reaching <ul style="list-style-type: none"> • Reaching or grabber tools 	
(S-30) Documentation and Reporting – Assistive Device Use <ul style="list-style-type: none"> • What activity was attempted? • What assistive devices were used? • How successful was the activity as this relates to the activity goal? • Any increase/decrease in ability noted? • Any changes in attitude or motivation, both positive and negative? • Any changes in health as evidenced by skin color, respirations, energy level, etc.? 	
(S-31) Basic Restorative Care Points To Remember <ul style="list-style-type: none"> • Sometimes, you may think it is easier and quicker to do something for a resident rather than encouraging the resident to do the task independently. It's essential, though, to be patient and encourage the resident to do as much of the task as possible, regardless of how long it takes or how poorly the resident performs the task. • Independence helps with the resident's self-esteem and speeds up recovery 	

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(S-32) Range of Motion for Muscles and Joints

The purpose of range-of-motion (ROM) exercises is to prevent the development of muscle shortening, contractures, and shortening of the ligaments and tendons. ROM exercises also provide sensory stimulation.

- There are three most often used during restorative care.
 - Active range of motion (AROM) is used by a resident who can perform the exercises without help. The nurse aide may need to remind a resident about their ROM exercises and encourage them to perform their exercises.
 - Active-assistive range-of-motion (AAROM) is used when a resident needs help achieving full range of motion for one or more body parts due to weak or stiff muscles.
 - Passive range-of-motion (PROM) is used when a resident is unable to move one or more body parts. Nurse aides perform the full range of motion exercises without any help from the resident. Passive exercises will not preserve muscle mass but keep the joints flexible.

(S-33) Performing AROM and PROM

- Perform AROM and PROM slowly and gently to avoid hurting the resident or harming joints and bones
- If a resident has pain during the exercises, stop the exercises at once
- Notify the nurse about the resident's pain

(S-34) Contraindications to Range of Motion

When a specific situation or factor that makes a procedure or course of treatment inadvisable because it may be harmful to a person is called a contraindication.

- ROM exercises may be contraindicated for residents with heart and respiratory diseases and conditions. ROM exercises, plus these conditions, may make the heart beat too fast and cause shortness of breath, chest pain, and fatigue. This information should be on the care plan, check with the nurse
- ROM exercises should not be performed if joints are swollen or inflamed or if a muscle or bone near the joint has been injured; check with the nurse

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(S-35) Practicing Passive Range of Motion Exercises	
(S-36) Bowel and Bladder Training <ul style="list-style-type: none"> Bowel and bladder training include measures taken to restore the function of urination and defecation by a resident, with the goal of continence <ul style="list-style-type: none"> – Urination (or voiding) is the process of emptying the bladder – Defecation is the process of emptying the rectum of feces – Continence is the ability to control urination or defecation – Incontinence is the inability to control urination or defecation 	
(S-37) Importance of Bowel and Bladder Training Incontinence creates barriers to the resident's independence <ul style="list-style-type: none"> • Incontinence is embarrassing for resident • Resident will limit lifestyle because of incontinence • Odors can cause family and friends to shun individual • Infections can develop • Residents may find it difficult to discuss and ask for help 	
(S-38) Bowel and Bladder Training – Nurse Aide's Role <ul style="list-style-type: none"> • Involved with bowel and bladder training plan • Support the explanation by the doctor or nurse to the resident about the bowel training schedule • Keep an accurate record of bladder/bowel pattern and output amounts • Answers call lights promptly • Do not rush resident; be patient 	
(S-39) Bowel and Bladder Training – Nurse Aide's Role <ul style="list-style-type: none"> • Be positive • Don't scold if there are accidents • Assist to the bathroom, if requested • Provide privacy, either in bed or in the bathroom • Encourage the resident; be supportive and sensitive 	
(S-40) Bowel and Bladder Training – Nurse Aide's Role <ul style="list-style-type: none"> • Offer and encourage fluids per the schedule • Encourage fiber foods – fruits, vegetables, breads, and cereals • Encourage regular exercise 	

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<ul style="list-style-type: none"> • Teach good peri-care • Keep bedding clean and odor-free 	
<p>(S-41) Bladder Training – Adhere to Schedule</p> <p>The role of the nurse aide is to encourage the resident to attempt voiding at scheduled times:</p> <ul style="list-style-type: none"> – When the resident awakens – One hour before meals – Every two hours between meals – Before going to bed – During the night, as needed 	
<p>(S-42) Bladder Training – How to Encourage Resident to Void</p> <p>Assist residents to void by:</p> <ul style="list-style-type: none"> – Running water in the sink – Have the resident lean forward, putting pressure on the bladder – Put resident's hands in warm water – Offer fluids to drink – Pour warm water over the perineum (perineal area) 	
<p>(S-43) Bowel Training</p> <ul style="list-style-type: none"> • Enemas, laxatives, suppositories, and stool softeners may be ordered – The doctor will order enemas – The order for an enema may be found on the care plan – Usually contains approximately 500 ml of the ordered fluid. – Commercially prepared enemas contain additives to soften stool – Employer will train the nurse aide to administer an enema before the nurse aide is delegated the task 	
<p>(S-44) Bowel and Bladder Training – Training Points to Remember</p> <ul style="list-style-type: none"> • Bowel and bladder training can be accomplished • Staff must be consistent and follow the plan • Documentation and reporting are vital to the success of both bowel and bladder training • Success can take 8 to 10 weeks 	

