

# **NC Department of Health and Human Services NC Nurse Aide I Curriculum**

## **Module G Basic Restorative Care**

**July 2024**

# Objectives

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 process of bowel and bladder training
5. Demonstrate selected range of motion exercises

# Rehabilitation and Restorative Care

- Rehabilitation and restorative care work together to help residents regain lost abilities, maintain abilities, and prevent further loss of abilities
- Rehabilitation services help residents maintain, regain, or improve skills lost or impaired due to illness, trauma, or disability

# Basic Restorative Care

- 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



# Goals of Restorative Care

- Preserve and support the level of functioning resident gained during rehabilitation
- Offer adjustments and improvements leading to resident's highest level of independence



# Importance of Basic Restorative Care

- Maintains and improves existing abilities
- Prevents further complications
- Aims toward independence
- Provides a team effort for care
- Assists the resident to accept or adapt to limitations
- Increases self-esteem

# Recognize Signs

- Nurse aide may be the first staff member to recognize resident feels a loss of independence
- Encourage resident and support family during this time
- Be sensitive to resident needs related to loss of independence



# Recognize Feelings

- Be positive and supportive
- Emphasize resident abilities
- Explain planned activities and how the nurse aide will help with activities
- Encourage the resident to express feelings and develop empathy for the situation
- Praise accomplishments and avoid giving false hope



# Give Support During Resident Setbacks

- Review skills nurse aide needs to assist with restorative activities
- Focus on small tasks and accomplishments
- Recognize and address setbacks
- Inform resident that setbacks are to be expected



# Encourage Choices

- Inspire the resident's
  - control over their life in a long-term care facility
  - choice of when personal care is scheduled
  - selection of suitable clothing
- Show patience when assisting a resident in preparing for an activity



# Support Resident During Activities

- Provide for rest periods
- During activities:
  - Promote resident independence
  - Encourage use of adaptive devices
  - Consider involving family in activities with resident's permission



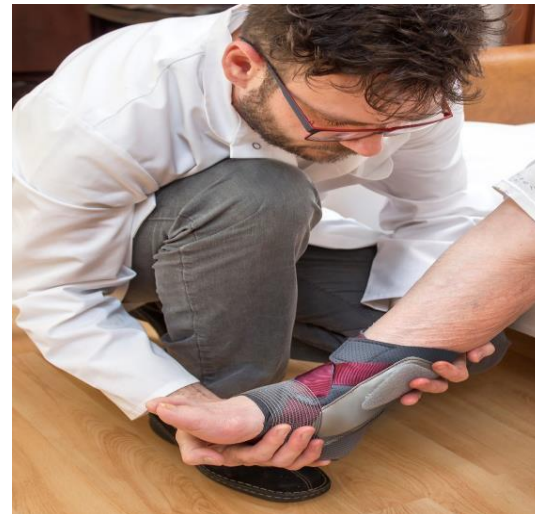
# Prosthetic Devices

- Replacement devices for loss or deformity of a body part
- Replacement is made to fit one individual
- Tips to remember:
  - Handle prosthesis with care
  - Assist resident in keeping track of the prosthetic
  - Watch for pressure injuries and other skin breakdown under and near the prosthesis
  - Keep the prosthesis and the skin under it dry and clean
  - Be empathetic; a prosthesis may take a psychological toll on a resident

# Orthotic Devices

Device designed to support, align, enhance or protect the function of a person's musculoskeletal system.

- Keep the orthotic device and the skin under it dry and clean
- Inspect the area under and near an orthotic device for redness or skin breakdown on a routine basis



# Supportive Devices

- Help a disabled or ill resident with movement.
- Examples include canes, walkers, crutches, wheelchairs and motorized chairs.



# Assistive (Adaptive) Devices

- Special equipment that helps a disabled or post operative resident perform activities of daily living (ADLs)
- Promote independence



# Assistive Devices for Positioning

Small Cylinder  
Neck Roll Pillow



Long Cylinder  
Pillow





# Assistive Devices for Positioning (2)

## Abduction Pillow



## Wedge Pillow



## Assistive Devices for Positioning (3)

Regular pillows are used to position a resident in a side-lying position



# Assistive Devices for Positioning (4)

## Bed Cradle



# Assistive Devices for Eating

Plate with Raised Lip  
and Spoon



Divided Plate with  
Spoon and Cup



# Assistive Devices for Eating (1)

Drinking cup with  
flexible straw

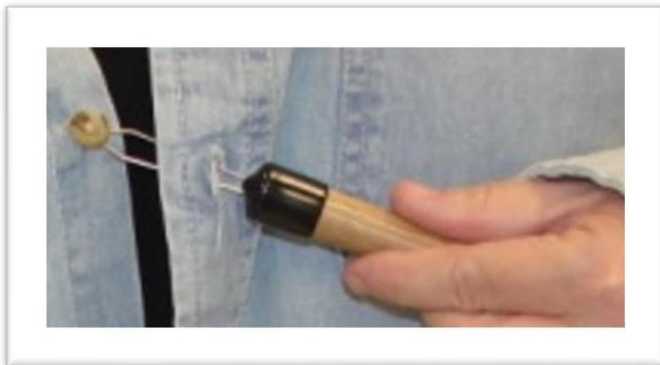


Curved handle Spoon



# Assistive Devices for Dressing

Button Fastener



Zipper Pull



# Assistive Devices for Dressing (2)

## Sock and Stocking Slider





# Assistive Devices for Dressing (3)

## Long-Handled Shoehorn

[How to Use a Shoehorn](#)





# Assistive Mouth Care Devices

## Electric Toothbrush



## Denture Brush



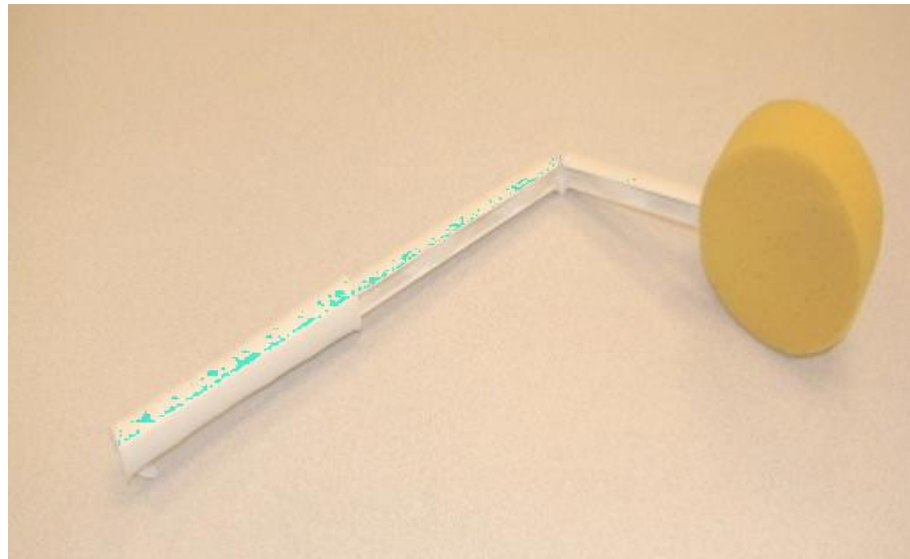
# Assistive Nail Care Devices

## Nail Brush



# Assistive Bathing Devices

## Long-Handled Sponge



# Assistive Diabetic Foot Care Device

- Long-handled mirror with brush
  - to wash feet
  - to examine heels, toes, and bottoms of the feet for reddened areas, abrasions, or sores



# Assistive Devices for Reaching

## Grabber Tool



# Documentation and Reporting Assistive Device Use

- Activity attempted?
- Assistive devices used?
- Success?
- Increase/decrease in ability?
- Changes in attitude or motivation?
- Changes in health?



# Basic Restorative Care Points To Remember

- Encourage the resident to do as much of a task as they can
- Independence helps with the resident's self-esteem and speeds up recovery



# Range of Motion for Muscles and Joints

- Prevents muscle shortening, contractures, and shortening of ligaments and tendons
- Three types of range-of-motion (ROM) exercises frequently used during restorative care
  - Active range-of-motion (AROM)
  - Active-assistive range-of-motion (AAROM)
  - Passive range-of-motion (PROM)



# Performing AAROM and PROM

- Perform slowly and gently
- Stop immediately if resident has pain during exercises
- Notify RN if resident expresses pain



# Contraindications to Range of Motion

- Exercises may be contraindicated for resident with heart and respiratory diseases and conditions
- Exercises should not be performed if joints are swollen or inflamed; check with RN
- Information should be on the individualized care plan; check with the RN

# Practicing Passive Range of Motion Exercises



# Bowel and Bladder Training

- Measures taken to restore function of urination and defecation
- Terms related to bowel and bladder training
  - Urination (or voiding)
  - Defecation
  - Continence
  - Incontinence



# Importance of Bowel and Bladder Training

- Incontinence creates barriers to a resident's independence
- Incontinence is embarrassing and will limit lifestyle
- Odors can cause family to shun resident
- Infections can develop
- Residents may find it difficult to discuss

# Bowel and Bladder Training (2)

The nurse aide is a key participant in the bowel and bladder training plan.

- Support explanation by doctor or nurse to resident about bowel training schedule in private to keep from embarrassing the resident.
- Keep accurate records
- Answer call light promptly
- Do not rush resident



# Bowel and Bladder Training (3)

- Be positive
- Don't scold or shame if there are accidents
- Assist to the bathroom, if requested
- Provide privacy for resident when toileting
- Encourage the resident; be supportive and sensitive



# Bowel and Bladder Training (4)

- Offer and encourage fluids per the schedule
- Encourage fiber foods – fruits, vegetables, breads, and cereals
- Encourage regular exercise
- Teach residents good peri-care
- Keep bedding clean and odor-free





# Bladder Training Schedule

The role of the nurse aide is to encourage the resident to attempt voiding at scheduled times:

- When the resident awakens
- One hour before meals
- Every two hours between meals
- Before going to bed
- During the night, as needed



# Bladder Training Schedule (2)

Assist resident to void by:

- Running a trickle of 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)

# Bowel Training

- Enemas, laxatives, suppositories and stool softeners may be ordered
- Enemas introduce fluid into the colon to eliminate stool or stimulate bowels
  - Types of enemas: tap water, saline, and soapsuds (cleansing)
  - Usually contains about 500 mL of fluid
  - Commercially prepared enemas contain additives to soften stool
- Training is required before delegation of the task to the nurse aide

# Bowel and Bladder Training Points to Remember

- Can be accomplished
- Must be consistent and follow plan
- Documentation and reporting is vital to success
- Success can take 8 to 10 weeks





# The End