Title page



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

Module G
Basic Restorative Care
July 2024

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

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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





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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



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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



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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

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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 longterm care facility
 - choice of when personal care is scheduled
 - selection of suitable clothing
- Show patience when assisting a resident in preparing for an activity



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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



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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

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Supportive Devices

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



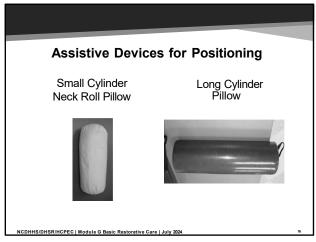
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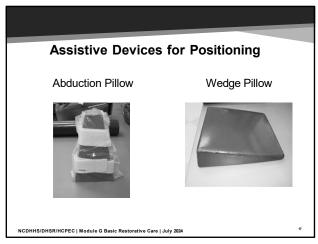
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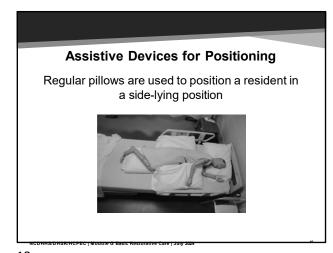
Assistive (Adaptive) Devices

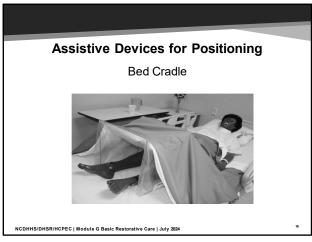
- Special equipment that helps a disabled or post operative resident perform activities of daily living (ADLs)
- · Promote independence

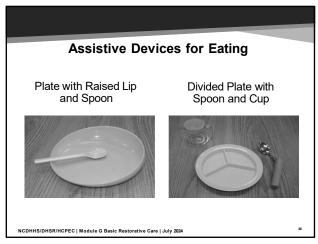


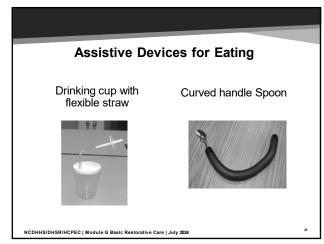


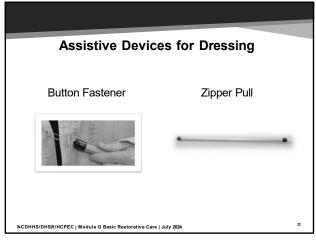


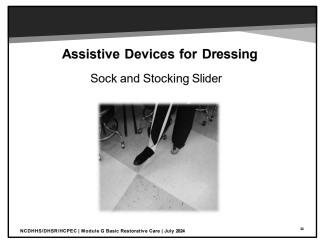


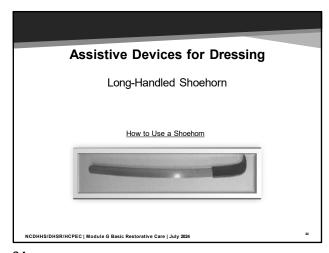


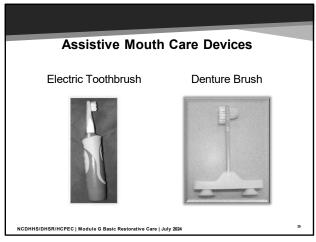




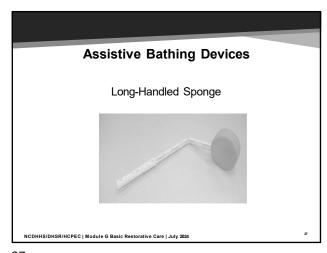












Assistive Diabetic Foot Care Device

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



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Assistive Devices for Reaching

Grabber Tool





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Documentation and Reporting Assistive Device Use

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



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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



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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)

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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

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Practicing Passive Range of Motion Exercises

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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



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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

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Bowel and Bladder Training

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



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Bowel and Bladder Training

- 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

- 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



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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



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Bladder Training Schedule

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

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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



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