



Rehabilitation and Restorative Care

CHAPTER 19

Introduction

- The goal of gerontological nursing care is to assist older adults to attain the highest level of health possible.
- Nurses use medications, treatments, and referrals to help the individual overcome physical, psychological, social, and spiritual illness.
- As people age, the disease process increases, such as hypertension, diabetes, osteoarthritis, which leads to the need of rehabilitation and restorative care to help increase and maintain physical activity.

Rehabilitation Vs. Restorative Care

Rehabilitation:

- The process of teaching and training individuals to achieve their highest level of independent function.

Restorative Care:

- Related to rehabilitation, it has the same goal, assist older people with reaching their highest functional ability.

- Difference is Restorative Care is initiated after an older person has reached the rehabilitative goal or has not shown any further improvement.

Priority for Rehab and Restorative Care

1. Get to know your patient! Get to know their goals.
2. Use your knowledge and skills as a nurse to prevent disabling consequences such as footdrop, contractures, and pressure ulcers.
3. Follow Physicians orders and provide support to your patient and family members.

Rehabilitation

Rehabilitation:

- Multidisciplinary Care Model
 - Physical Therapist
 - Occupational Therapist
 - Speech Therapist
 - Dietitians
- Respiratory Therapist
- Recreation Therapists
- Social Workers
- Psychologists
- Nurses
- Rehabilitation Physicians

Older adults often receive rehabilitation for

- Paralysis after a stroke
- Deformity from rheumatoid arthritis
- After joint replacement surgery

Rehabilitation

- Assess your patient extensively, physical, emotional, spiritual, and functional assets and liabilities to be aware of the capabilities to perform activities and to develop a rehabilitative plan.
- Provides individuals with intensive short-term strengthening and retraining

Rehabilitation Complications Include:

- Insufficient family support
- Environmental Safety
- Insurance reimbursement
- Access to the rehabilitation team

Restorative Care

- When an older adult continues to need assistance with exercises and walking.
- MAJOR GOAL: Allow patient to do as much as possible INDEPENDENTLY. Assist only when necessary.
- Examples of Restorative Care Programs:
 - Ambulation
 - Personal care
 - Feeding
 - Toileting

Remember

FASTER is not the goal.

- Do not rush your patient.
- Do not provide a wheelchair for the client when capable to ambulate just because it's faster.

MAIN FOCUS OF REHABILITATIVE AND RESTORATIVE CARE IS TO MAXIMIZE THE ABILITIES AND FUNCTIONS OF OLDER ADULTS TO ENSURE THE HIGHEST LEVEL OF INDEPENDENCE AND QUALITY OF LIFE.

Nursing Roles

Bedside Caregiver

- Provide direct care to older adults
- Positive reinforcement, encouragement, hope, and an opportunity to develop and use their physical and social skills

Educator

- Provide information related to the disability and its treatment and management

Counselor

- Helping people solve and cope effectively with their problems

Advocate

- Use of influence and power as health care professionals to bring out necessary changes for the older person and the family's well-being

Case Manager

- Resolve actual problems and prevent potential problems for the aging person

Researcher

- Gather data

Physical Changes Affecting Restorative Care

- Musculoskeletal
- Cardiovascular Changes
- Respiratory Changes
- Renal and Digestive tract
- Cognitive Impairment
- Perceptual Changes

Other factors affecting
Rehabilitative and Restorative Care:

- Functional Changes
- Psychological Changes

Developing Goals

- Patient History
- Physical Assessment
- Functional Assessment
- Mental Status
- A spiritual Assessment

Implementation of Goals

1. Maintenance of Joint Function

- Prevent deformities through passive exercises
- Keep joints moveable, promote venous return and lymphatic flow
- Include Range Of Motion activities

2. Active Exercise

- Improve function and performance
- Include transferring from bed to chair, ambulating with assistive devices

3. Bladder Continence

- Schedule for toileting (Usually every 2 hours)

4. Bowel Continence

- Establish a routine
- Medications may be needed if constipation occurs

Assessment of Goals

Goals Specific to Elderly Adults

- Improvement of Function

- Activities of Daily Living
- Social and environmental situation

- Delay of Deterioration

- Help the person maintain a spirit of hopefulness
- Prevent pressure ulcers

- Accommodation to Dysfunction

- Comfort in the Dying Process

- Approach care of the dying older adult with reverence for body, mind, and spirits as the dying adult approaches end of life.
- Attend the dying person with dignity and respect

Clinical Implications

Walking Programs:

- Mobility is crucial to optimal functioning for older adults.
- Independence brings joy and satisfaction
- Walk for 20-30 minutes, 3 times a week
- Provide foot care
- Properly fitted clothes and shoes
- Assistive Devices such as crutches
 - Crutches need heavy rubber tips
 - Four Point gait: Bears weight on both feet
 - Two Point Gait: Two points of contact with the floor
 - Swing to Gait: Crutches are placed ahead of the person, body swings through the crutches
 - Three Point Gait: Partial weight bearing is permitted

Clinical Implications

Continence Training

- An older adult should not experience bowel or urinary incontinence.
- Avoid indwelling urinary catheter as much as possible
- Bladder Retraining is successful when a regular time schedule is implemented
- Bowel Training
 - Increase fiber and fluid intake
 - Regular toileting regimen to maintain a regular schedule
 - If constipation occurs: stool softeners
 - Avoid Enemas as much as possible. Use for emergencies only.

Clinical Implications

Feeding and Self-Feeding Programs

- Maintain adequate nutrition
- May need to be fed through nasogastric or enteral feeding tube
- Monitor ability to self-feed
- Regular mealtimes, snacks should be provided

Self-Promoting Behaviors and ADLs

- Independence
- Assistive equipment: Built up handles for toothbrushes and hairbrushes
- Shower chairs
- Lowered sinks and counters.