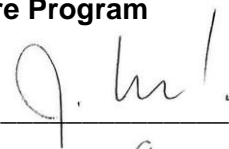
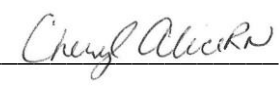


Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Resident Care	SUBJECT: Restorative Care Program	SECTION: R
DATE: April 2010	Administrator: 	POLICY: 2
REVISION DATE: June 2015	Director of Care: 	

RESTORATIVE CARE PROGRAM

POLICY:

The Nursing Rehabilitation Program shall assist or promote the resident's ability to obtain his/her maximum functional potential. Skill practises in such activities as walking and mobility, dressing and grooming, eating, and swallowing, transferring, amputation care and communication can improve or maintain function in physical abilities and ADL's and prevent further impairment.

PROCEDURE:

- Through the resident admission and assessment process, Registered Staff shall identify residents for appropriate Nursing Rehabilitation programs.
- Resident participation in the Nursing Rehabilitation program shall be documented in the Care Plan.
- Weekly monitoring, documentation, quarterly evaluation shall be completed by the Registered Staff and reviewed by the MDS:RAI Associate. Residents assessed as not benefitting from the program shall be discharged.
- Trained Personal Support Worker's, Adjuvant/OTA, Activity Aides and Registered Staff shall promote and involve the resident in the program daily and shall document each activity on the Daily Flow Sheet.
- The Nursing Rehabilitation program shall be supervised daily by the Registered Staff and shall monitor activities.
- The Nursing Rehabilitation program consists of the following 11 components. Residents may be involved in one or more of these program components.
 - **Range of motion (passive)** – The extent to which, or the limits between which, a part of the body can be moved around a fixed point, or joint. Range of motion exercise is a program of passive or active movements to maintain flexibility and functional movement in the joints of the body.

- **Range of motion (active)** – Exercises performed by a resident, with cueing or supervision by staff, that are planned, scheduled, and documented in the clinical record.
- **Splint or brace assistance** – Assistance can be of 2 types: 1) where staff provide verbal and physical guidance and direction that teaches the resident how to apply, manipulate, and care for a brace or splint, or 2) where staff have a scheduled program of applying and removing a splint or brace, assess the resident's skin and circulation under the device, and reposition the limb in correct alignment. These sessions are planned, scheduled, and documented in the clinical record.
- **Training and skill practice in:** - Activities including repetition, physical or verbal cueing, and task segmentation provided by any staff member or volunteer under the supervision of a licensed nurse.
- **Bed mobility** - Activities used to improve or maintain the resident's self-performance in moving to and from a lying position, turning side to side, and positioning him or herself in bed.
- **Transfer** – Activities used to improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices.
- **Walking** – Activities used to improve or maintain the resident's self-performance in walking, with or without assistive devices.
- **Dressing or grooming** – Activities used to improve or maintain the resident's self-performance in dressing and undressing, bathing and washing, and performing other personal hygiene tasks.
- **Eating or swallowing** – Activities used to improve or maintain the resident's self-performance in feeding one's self food and fluids, or activities used to improve or maintain the resident's ability to ingest nutrition and hydration by mouth.
- **Amputation or prosthesis care** – Activities used to improve or maintain the resident's self-performance in putting on and removing a prosthesis, caring for the prosthesis, and providing appropriate hygiene at the site where the prosthesis attaches to the body (e.g., leg stump or eye socket).
- **Communication** – Activities used to improve or maintain the resident's self-performance in using newly acquired functional communication skills or assisting the resident in using residual communication skills and adaptive devices.
- Resident participating in one or more of the Nursing Rehabilitation Components shall receive a minimum of 15 minutes per day of activity in that component for the program to be meaningful and of benefit to the resident.