

## Chapter 24

### PRINCIPLES OF RESTORATIVE CARE

#### **What You Will Learn**

- Age-related changes affecting the musculoskeletal system
- Reasons for providing restorative care.
- The goals of restorative care.
- Complications of immobility that must be prevented.
- Key points of positioning clients confined to bed.
- How the goals of restorative care can be accomplished.

#### **Age-Related Changes Affecting the Musculoskeletal System**

As people age the muscles weaken and atrophy. Joints become stiffer and less flexible. Joints may become inflamed due to arthritis. Bone mass is lost and some clients develop osteoporosis or fractures. A slumped posture may develop due to deterioration of the spine. Contractures or deformities of the joints occur when the client is inactive or unable to move.

#### **Reasons for Providing Restorative care**

There are three main reasons for providing restorative care.

- Restorative care helps the client to maintain present function and keeps him functioning at his highest potential.
- Restorative care restores lost function after an illness or injury.
- Restorative care helps to prevent the complications of immobility.

#### **The Goals of Restorative Care**

When providing restorative care the goal is to keep the client functioning at the highest level possible. This is done by promoting activity so the strength of the body muscles is not lost. It also helps to prevent dependence.

#### **Complications of Immobility That Must be Prevented**

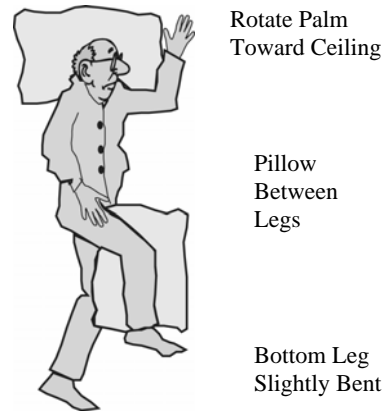
Pressure sores (decubitus ulcers, bedsores) are the destruction of skin, muscle, and surrounding tissues due to pressure that cuts off blood supply to tissues. Pressure can be relieved by regular turning and repositioning (See Chapter 21). The client's skin should be kept clean and dry. Cushions and positioning devices should be applied as indicated in the service plan.

Contractures are a shortening of muscles and tendons which cause deformity of joints and a decrease in joint motion. Contractures can be prevented by exercising the joints and repositioning the client at least every two hours. Provide support to joints with a pad/pillow (see Figure 24.1) and apply aids to prevent contractures per service plan.

*Figure 24.1*  
*Positioning on Unaffected Side*



*Figure 24.1*  
*Positioning on Affected Side*



Constipation and impaction can be caused by slowing down of peristalsis (see Chapter 23). Adequate fluids, diet high in fiber, exercise, and a bowel program may be part of the service plan.

Lung congestion or pneumonia occurs when the lungs do not inflate fully and secretions cannot be moved up and out of lungs. Accumulation of secretions can lead to an infection. Encourage deep breathing and coughing, exercise and adequate fluid intake to help prevent lung congestion or pneumonia.

Circulatory problems such as orthostatic hypotension, blood clots, and poor circulation are common in clients who are immobilized. Turning, exercise, gradually changing the position of client, and getting clients out of bed as often as possible will help to prevent circulatory problems.

### **Key Points of Positioning Clients Confined to Bed**

Some clients may be confined to their beds due to injury or illness. Some clients may lie in a curled-up or fetal position to relieve pain or keep warm. Clients should not stay in this position for very long, or he will have problems straightening out when able to get out of bed.

When positioning a client in bed, the trunk of the body should be in a straight line. The bed should support the natural curve of the spine. Legs, arms, and back should be supported to prevent strain on the joint and muscle contractures. Linens should never be tucked too tightly over the feet which could cause foot-drop. Over bed cradles may be placed over the legs and feet to raise the linens off of the lower extremities. Supportive devices may be positioned at the shoulders, arms, hands, hips, knees, and ankles to prevent strain and maintain body alignment. The client's position should be changed at least every two hours or according to the service plan (see figures 24.1, 24.2).

## Accomplishing the Goals of Restorative Nursing

To accomplish the goals of restorative care emphasize the client's abilities, not his disabilities. Show interest in the client.

Encourage independence when providing care. It may be faster and easier for you to do any of the activities of daily living, but remember if you do any of the activity; the client will not have the opportunity to try to do it.

Provide exercise such as range of motion (passive per service plan). Sitting with balance and standing helps body weight to rest on bones and muscles. Provide proper body positioning when in bed or sitting in a chair. Remind and assist the client to change position at least every two hours or more frequently if indicated in the service plan. If he is able, ambulate the client with assistance and encourage self-care in activities of daily living.

Deep breathing and coughing fills the lungs completely with air. Have the client take three deep breaths in through the nose (inhalation) then blow out through the mouth (exhalation) and after the third inhalation, cough with the last breath out.

Restore independence in ADLs (activities of daily living) by assisting the client to feed himself. At first, have client hold finger foods then progress as client is able. Try to provide adequate fluid intake and proper diet. Use adaptive utensils per service plan. Encourage self-dressing. Use assistive devices as identified in the service plan. Encourage self-help with toileting. Position the client properly for voiding/defeating. Establish routine for toileting.

You may apply this information to all of your clients. It is basic In-Home Aide care. If you observe a problem developing, be sure to report it to the supervisor/nurse so the entire health care team can provide the care needed and improve the quality of life for the client.

## Chapter Review

1. What are age-related changes affecting the musculoskeletal system?
2. What are the reasons for providing restorative care?
3. What are the goals of restorative care?
4. What are complications of immobility that must be prevented?
5. What are the key points of positioning clients confined to bed?
6. How can the goals of restorative care be accomplished?

Figure 24.2



Pillow  
Beneath  
Left  
Scapula

Pillow  
Beneath  
Left  
Hip

the

## **Student Exercise**

**Complete the following short-answer questions.**

1. List three reasons for providing restorative care.
  - a.
  - b.
  - c.
2. List the three goals of restorative care.
  - a.
  - b.
  - c.

**Circle the letter that corresponds to the correct answer.**

3. Which of the following are complications that can develop due to immobility?
  - a. Contractures, blood clots, pressure sores, or constipation
  - b. Contractures, diarrhea, pressure sores, or constipation
  - c. Pressure sores, blood clots, diaphoresis, or constipation
  - d. Halitosis, blood clots, pressure sores, or constipation
4. Which of the following is correct regarding positioning of the client in bed?
  - a. The trunk of the body should be bent; change position at least every two hours.
  - b. The trunk of the body should be straight; change position at least every two hours.
  - c. The trunk of the body should be bent; change position at least every four hours.
  - d. The trunk of the body should be straight; change position at least every four hours.
5. Which of the following promotes the goals of restorative care?
  - a. Emphasizing the client's disabilities, not abilities.
  - b. Praising the client when he has accomplished a task.
  - c. Brushing the client's teeth to get the activity done quickly.
  - d. Encouraging the client to depend on the In-Home Aide for all personal needs.