

<b>Category III</b>	Restorative Care
<b>Unit 12:</b>	Principles of Restorative Care
<b>Time:</b>	Classroom: 1 hr. Clinical Lab: 1 hr. Clinical: 4 hrs.
	◆ Act 14 curriculum: 10 min.

**Objective 3.1:** Demonstrates skills that incorporate principles of restorative care under the direction of a licensed nurse.

## I. Student Requirements:

### A. Assessment Tools:

1. Quiz (Insert your requirements here)
2. Ongoing NATCEP Student Performance Checklist
3. Ongoing Teacher Observation of Employability Skills

### B. NATCEP Student Performance Objectives:

- 3.1.1 Assists the resident in bowel and bladder training.
- 3.1.2 Assists the resident in ADL's and encourage self-help activities.
- 3.1.3 Demonstrates the proper use of assistive devices, when assisting the resident to:
  - a. Ambulate, (such as gait belt, can, walker, etc.)
  - b. Transfer, (such as mechanical lift, stand aid, etc.)
  - c. Eat, (such as assistive eating devices, thickening, etc.)
  - d. Dress, (such as assistive dressing devices, etc.)
- 3.1.4 Performs ROM exercise as instructed by the physical therapist or the professional nurse.
  - a. Upper body
  - b. Lower body
- 3.1.5 Assists in care and use of prosthetic and orthotic devices. (such as hearing aides, braces, splints, artificial limbs, etc.)
- 3.1.6 Assists the resident in proper use of body mechanics.
  - a. In bed
  - b. In chair
  - c. While ambulating
- 3.1.7 Assists the resident with:
  - a. Dangling
  - b. Standing
  - c. Walking.
- 3.1.8 Demonstrates proper turning and/or positioning in
  - a. Bed
  - b. Chair

- 3.1.9 Demonstrates proper technique of transferring resident from
  - a. Bed to chair
  - b. Chair to bed
- 3.1.10 Assists the resident with positioning devices. (such as: trochanter roll, hip abduction wedge, splint and finger cushion)
- 3.1.11 Utilizes measures to prevent skin breakdown and circulatory changes caused by improper application and use of assistive devices.
- ◆ 3.1.12 Provides appropriate restorative care to prevent abuse, neglect and exploitation.

### C. Additional Requirements:

1. Performs Range-of-Motion Exercise (Head to Toe) Checklist
2. Assists Resident to Dangle, Stand and Ambulate Checklist
3. Transfers Resident from Bed to Wheelchair Checklist
4. Moves Resident to Side of Bed (Without Pull Sheet) Checklist
5. Positions Resident: Supine, Prone and Fowler's Positions Checklist
6. Demonstrates the proper use of assistive devices, when assisting the resident to transfer using a mechanical lift.
7. Turns and Positions Resident on Side Checklist

## II. Teacher Preparation:

1. Review Unit 12 materials and Act 14 curriculum content for Objective 3.1.12 to determine information to be covered.
2. Review RETHINK activity in Unit 1 Supplemental Materials. Prepare a scenario requiring students to use RETHINK.
3. Review facility-specific policies and procedures related to this unit.
4. Make copies of facility policies related to ambulation, transfer, etc. for in-class distribution and review if desired.
5. Schedule presentation by Physical Therapist or Occupational Therapist (if utilized).
6. Make adequate copies of handouts and quizzes. Reference handouts used in Unit 6 related to Assistive and Supportive Devices.
7. Ensure that all equipment required for demonstrations is available.
8. If using a video, preview in advance and prepare questions to cover key points in a guided discussion.

## III. Key Words: *(Note for the Instructor: Please add key words to this list according to your textbook if necessary)*

1. Abduction
2. Active ROM
3. Adduction
4. Assistive Device
5. Bladder Retraining
6. Bowel Retraining
7. Contracture
8. Dangle
9. Extension
10. Flexion
11. Hip Abduction Wedge
12. Orthotic
13. Passive ROM
14. Prone position
15. Prosthesis
16. Reverse Trendelenburg position
17. Restorative Care
18. Rotation
19. Semi-Fowler's position
20. Splint
21. Transfer Belt
22. Trendelenburg position
23. Trochanter Roll

#### IV. Key Content Outline

*(Insert textbook pages here)*

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##### **3.1.1 Assists the resident in bowel and bladder training.**

1. Factors that affect elimination include age, disease, injury, medications, and diet.
2. Age-related changes in the urinary system that may contribute to loss of urinary control include:
  - a. Decreased muscle tone
  - b. Decreased bladder capacity
  - c. Reduced awareness of bladder fullness
3. *Bladder training* involves helping the resident to gain voluntary control of urination to decrease or eliminate incontinent episodes. Problems associated with incontinence include:
  - a. Skin breakdown
  - b. Embarrassment

- c. Negative impact on resident's dignity and self-respect
4. There are two schedules of *bladder training*:
  - a. Frequency of urination
  - b. Specific times and amounts of fluids to be given
5. Measures to increase the likelihood of successful *bladder retraining* include:
  - a. Maintain adequate fluid intake (2000 cc to 3000 cc/day or as ordered by physician).
  - b. Follow schedules 24 hours a day, 7 days a week.
  - c. Consistently observe and accurately record times, amounts of incontinence, and when the resident is able to urinate (on schedule or upon request).
  - d. Offer bedpan, urinal, bedside commode, or assistance to the bathroom at the prescribed times.
  - e. Answer the call bell promptly.
  - f. Give praise to the resident on a consistent basis.
  - g. Be supportive, sensitive, and patient - training can take 6 to 10 weeks.
  - h. Provide plenty of privacy and time to toilet.
  - i. Provide stimuli as needed for urination.
6. The nurse aide's role in *bladder training* includes:
  - a. Follow instructions given by the nurse.
  - b. Cooperate with all the other members of the health care team to provide consistent training.
  - c. Document resident's success or lack of success with timed toileting.
  - d. Demonstrate patience, empathy and positive reinforcement.
  - e. Provide privacy when resident toilets.
  - f. Provide perineal care and use incontinent briefs or other products.
7. *Bowel retraining* involves gaining control of bowel movements and developing a regular pattern of elimination. Age-related changes in the digestive system that affect the bowels include:
  - a. Decreased ability to chew food properly
  - b. Food and related waste products pass through more slowly, leading to constipation or fecal impaction
8. Measures to increase successful *bowel retraining* include:

- a. Encourage adequate amount of food (high fiber) and fluids as permitted.
  - b. Collect information on the bowel pattern of resident:
    - Before incontinence
    - Present bowel pattern
    - Resident's present diet
  - c. Assist with the defecation process by offering the bedpan or helping the resident to the bathroom at scheduled intervals.
  - d. Answer call bell promptly.
  - e. Provide plenty of privacy and time to toilet.
  - f. Accurately record times and amounts of fecal matter expelled.
  - g. Consistently follow the nursing care plan established for the resident.
  - h. Encourage regular exercise as tolerated.
  - i. Report signs of constipation to the nurse.
9. Nurse aide's role in bowel training is same as role in bladder training.

**3.1.2 Assists the resident in activities of daily living and encourages self-help activities.**

1. The nurse aide is the primary caregiver in assisting the resident with ADLs (Activities of Daily Living), which include the fundamentals of personal care. Residents must be encouraged and supported to help themselves with regard to ADLs in order to:
  - a. Promote resident's self-esteem
  - b. Promote resident's physical well-being
  - c. Maintain the social norm
2. Measures to encourage self-help include:
  - a. Provide for privacy
  - b. Help establish a routine with personal hygiene
  - c. Give praise when resident gives self-care
  - d. Provide education on devices as needed
3. Provide assistive devices [Refer back to handouts related to *Assistive and Supportive Devices* in Unit 6 Supplemental Materials.]
  - a. Adaptive utensils for eating are those devices that enable the resident to remain independent in feeding his/herself, such as:
    - Plate guard
    - Easy grip mug
    - Built up handles
    - Sipper cups

- b. Supportive devices are used to assist the resident in walking, such as:
    - Walker
    - Cane
    - Crutches
  4. Devices used to assist the resident in dressing may include:
    - a. Long handled shoe horns
    - b. Button hooks
    - c. Sock pullers
    - d. Zipper pullers
  5. Personal care devices may include:
    - a. Electric toothbrushes
    - b. Suction toothbrushes
    - c. Long handled combs, brushes, and sponges
  6. Motorized chairs/carts or wheelchairs can be used for transport.
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**3.1.3 Demonstrates the proper use of assistive devices, when assisting the resident to:**

- a. Ambulate, (such as a gait belt, cane, walker, etc)
  - b. Transfer, (such as a mechanical lift, stand aid, etc)
  - c. Eat, (such as assistive eating devices, thickening, etc)
  - d. Dress, (such as assistive dressing devices, etc)
1. A number of ambulation aids and transfer devices are available to assist the resident with limited mobility and to assist the caregiver in moving the resident. Ambulatory and transfer devices may be indicated when:
    - a. Medical reasons limit or prevent mobility such as Cerebral Vascular Accident, Parkinson's Disease, loss of lower limbs, etc.
    - b. Resident cannot be lifted via chair lift due to obesity, joint problems, loss of lower limbs, etc.
  2. *Canes* are used to provide balance and support when resident has weakness on one side of the body and has use of at least one arm.
    - a. Used on the stronger side of the body (side opposite the injury)
    - b. Resident moves cane, then weaker foot, followed by stronger foot or as ordered by physician
    - c. Needs to be fitted to size of resident by therapist

3. Three types of *canes*:
  - a. Single or straight
  - b. Tripod
  - c. Quadcane
4. *Walkers* are also used to provide balance and support.
  - a. Resident stands erect when moving walker forward
  - b. Grasps the frame, moving it forward 10-18 inches; follows with weaker leg and then with stronger leg stepping toward center of walker
  - c. With standard walker, resident picks up and places walker down
  - d. Adjusted to height of hip joint by therapist
5. Two types of *walkers*:
  - a. Rolling walker
  - b. Standard - 4 rubber-tipped legs
6. *Crutches* provide support and stability through use of hands and arms when one or both legs are weak.
  - a. Measured to fit properly by therapist so that two fingers can be put between armrest and axilla
  - b. Resident supports weight on the hand bars
7. Gait Belt (*Transfer Belt*) is utilized for transfers and ambulating with a weight-bearing resident.
  - a. Belt is applied to the waist and held on to by nurse aide to provide support to the resident.
  - b. Barrier should be present between belt and resident.
  - c. Applied tight enough to provide support but loose enough to be comfortable.
8. *Wheelchairs* are used when the resident is unable to ambulate, per facility policy, per physician's order, or as needed. There are different sizes and styles, and may be motorized or non-motorized. Safe operation of a wheelchair requires that caregiver observe basic safety guidelines:
  - a. Lock brakes when transferring resident to/from wheelchair.
  - b. Use foot and calf rests for comfort/support.
  - c. Cover seat before using.
  - d. Back over indented or raised areas (e.g. elevators)
  - e. Back wheelchair down a hill.

9. There are two types of *Mechanical/Hydraulic Lifts*:
  - a. *Full Lift*-used to perform transfers with non-weight bearing residents; usually requires two caregivers to safely transfer resident.
  - b. *Sit-to-Stand Lift*-used to perform transfers with weight-bearing residents; usually requires one caregiver to transfer resident.
  
10. Safe operation of the lift requires that the caregiver follow these steps:
  - a. Ensure proper assistance is available before beginning.
  - b. Lock bed and chair wheels properly.
  - c. Position sling under resident.
  - d. Attach sling securely to lift (ensure resident's arms are crossed over chest).
  - e. Activate the lift and transfer resident according to procedure.
  - f. Utilize safety measures.

**3.1.4 Performs range of motion exercises as instructed by the physical therapist or the professional nurse.**

- a. Upper body
  - b. Lower body
1. Range of motion exercises are necessary to prevent muscular atrophy, contractures and illness. [See *Performs Range-of-Motion Exercises (Head to Toe) Checklist* in Unit 12 Supplemental Materials.] Additional benefits include:
    - a. Increase muscle strength-keeps muscles strong and toned
    - b. Maintain joint mobility
    - c. Increase circulation
    - d. Prevent deformities/contractures
    - e. Promote mobility
    - f. Improve coordination and self-image
  
  2. There are two types of range of motion exercises:
    - a. *Active*-resident exercises joints without assistance
    - b. *Passive*-another person moves the body part for the Resident
  
  3. Basic types of movement performed during ROM exercises include:
    - a. *Abduction*-arm or leg moved away from center of body

- b. *Adduction*-arm or leg moved toward center of body
  - c. *Extension*-body part is straightened
  - d. *Flexion*-joint is bent
  - e. *Rotation*-joint is moved in a circular motion around its axis
  - f. *Dorsal Flexion*-foot is bent back toward the leg
  - g. *Plantar Flexion*-foot is bent toward the sole
  - h. *Supination*-palm turned upwards
  - i. *Pronation*-palm is turned downward
  - j. *Radial deviation*-wrist is bent toward the thumb
  - k. *Ulnar deviation*-wrist is bent away from the thumb
4. Basic guidelines for performing range of motion exercises include the following:
- a. Know instructions for limitations.
  - b. Exercise only the joints that the nurse tells you to exercise.
  - c. Exercise in an organized manner (e.g.: from head to toe).
  - d. Expose only the body part being exercised.
  - e. Support the extremity being exercised at the joints.
  - f. If the resident moves part of the body, encourage him/her to do as much as possible.
  - g. Do each motion slowly, smoothly and gently to avoid pain.
  - h. Never push a joint past its point of resistance or pain.
  - i. Stop the exercise if the resident complains of pain or discomfort and report to the charge nurse.
  - j. Do not exercise a swollen reddened joint; report to the charge nurse.

### **3.1.5 Assists in care and use of prosthetic and orthotic devices (such as hearing aides, braces, splints, artificial limbs, etc.)**

1. A *prosthetic* device is a device that replaces or assists a body part to perform its function. Important points for the nurse aide to remember in caring for a resident with a prosthetic device must be considered, depending on the type of device.
2. *Artificial eye*:
  - a. Charge nurse does the cleaning.
  - b. Report complaints verbalized by resident immediately.
3. *Eyeglasses*:
  - a. Stored in protective case
  - b. Held by the frames

- c. Marked with resident's name or number
  - d. Washed under water (using a mild detergent if needed, then rinsed and dried with tissue or soft cloth)
  - e. Observe tops of ears and nose for irritation
4. *Hearing Aid* [See *Assists Resident with Hearing Aid* in Unit 12 Supplemental Materials]:
- a. Cleanse earpiece with soap and water.
  - b. Special equipment is needed to clean wax from tubing.
  - c. Check batteries for power.
  - d. Observe area around the ear for redness or irritation.
  - e. Report wax build-up to charge nurse.
5. The nurse aide's role in caring for resident with a *prosthesis* is to:
- a. Identify that the resident has the correct prosthesis.
  - b. Insure that the prosthesis is being used correctly.
  - c. Handle prosthesis with care and store it properly.
  - d. Report needed repairs or damage to prosthesis.
  - e. Report signs of skin irritation such as redness, pain, or abrasion.
  - f. Clean prosthesis according to individual instructions.
6. An *orthotic* device is an appliance used to support, align, prevent, or correct deformities. Braces may be made of metal, leather, and/or plastic. The most common types are knee, back and lower leg braces.
7. The nurse aide's role when caring for a resident with an *orthotic* device includes the following general guidelines:
- a. Report deterioration-wear and tear, and when braces are loose or missing.
  - b. Protect bony parts under brace to prevent skin irritation.
  - c. Utilize custom fitted shoes and check that shoelaces are tied and that the soles and braces aren't worn.
  - d. Follow instructions for use of device.
  - e. Report signs of skin irritation such as redness, pain, or abrasion.

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### 3.1.6 Assists the resident in proper use of body mechanics.

- a. In bed
- b. In a chair
- c. While ambulating

1. Good body mechanics contribute to optimum health and mobility, and prevent injury to both the resident and the nurse aide. Proper body mechanics helps the resident to:
    - a. Improve respiratory function
    - b. Minimize fatigue
    - c. Avoid back strain
    - d. Avoid pressure areas when sitting in a chair or lying in bed.
  2. To avoid injury, the nurse aide should avoid lifting whenever possible and use transfer devices at every opportunity. Basic rules of good body mechanics must be followed to prevent injury and include the following:
    - a. Maintain broad base of support to provide better stability (feet should be shoulder-width apart.)
    - b. Maintain proper posture; align shoulders over hips.
    - c. Keep weight evenly distributed on both feet.
    - d. Avoid twisting the body.
    - e. Hold heavy objects close to the body.
    - f. Lift smoothly using leg muscles, not back muscles.
    - g. Bend from the knees and hips.
    - h. Plan and think through the move before beginning.
    - i. Anticipate need for help and obtain it before attempting to lift.
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### 3.1.7 Assists the resident with:

- a. Dangling
  - b. Standing
  - c. Walking
1. Dangling, standing and walking are three important activities that may require the nurse aide's assistance or close supervision to prevent fall and possible injury of the resident. [See *Assists Resident to Dangle, Stand and Ambulate Checklist* in Unit 12 Supplemental Materials.] *Dangling* is indicated to:
    - a. Stabilize some elderly residents when they feel dizzy
    - b. Allow the resident's blood pressure to stabilize
    - c. Let the resident progress to standing and walking with less likelihood of falling
  2. Essential considerations for the nurse aide when assisting the resident to *dangle* include:

- a. Ensure that the resident has proper non-skid footwear on.
  - b. Dangle the resident at the bedside for several minutes as tolerated.
  - c. After sitting and dangling, encourage a few deep breaths to avoid light-headedness.
  - d. Return the resident to a supine position if they have difficulty dangling.
  - e. If dangling is well tolerated, progress to standing position.
3. The nurse aide must observe and report any of the following symptoms to the charge nurse when assisting the resident to *dangle*:
- a. Dizziness or lightheadedness
  - b. Drop in blood pressure
  - c. Pallor
  - d. Increased perspiration
  - e. Complaints of weakness
  - f. Abnormal increase in pulse
  - g. Difficulty breathing/labored respirations
  - h. Cyanosis
4. When attempting to assist the resident to *stand*, anticipate the need for assistance in advance and follow these general guidelines:
- a. Assist resident to a standing position, using a gait belt if needed.
  - b. Allow the resident to stand for several minutes to see if he/she can tolerate it before attempting to ambulate.
  - c. Return the resident to bed or assist to a chair if he/she is having difficulty standing.
  - d. If standing is well tolerated, progress to ambulating.
5. *Ambulation* serves many positive functions:
- a. Maintains muscle strength
  - b. Facilitates and stimulates circulation
  - c. Maintains more efficient lung, digestive, and urinary system function
  - d. Promotes self-esteem and independence
  - e. Relieves pressure on body parts
  - f. Increases joint mobility
6. The nurse aide must encourage the resident to ambulate as much as tolerated and assist as necessary to prevent injury. The following points should be emphasized:
- a. If the resident starts to fall, ease him/her to the floor by:
    - Grasping the gait belt

- Easing the resident's buttocks against the nurse aide's leg
  - Allow resident to slide down nurse aide's legs to the floor
- b. Follow care plan for ambulation schedule.
  - c. Utilize assistive devices as ordered.

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**3.1.8 Demonstrates proper turning and/or positioning in:**

- a. Bed
  - b. Chair
1. Proper turning and positioning are one of the most fundamental and important responsibilities when caring for the resident. [See **General Guidelines for Positioning** in Unit 12 Supplemental Materials.] There are multiple purposes of proper turning and positioning:
    - a. Prevent pressure areas
    - b. Minimize fatigue
    - c. Keep resident comfortable
    - d. Prevent injury to resident and staff
  2. Use comfort and position devices for appropriate positioning:
    - a. Pillows
    - b. Folded or rolled towels or blankets
    - c. Bed board
    - d. Foot board
    - e. Turning sheets
  3. There are a number of different body positions [*Refer back to Unit 10 description of supine, lateral, Fowler's, and Sim's positions.*] Additional positions that can be used for positioning the resident in bed include:
    - a. Semi-Fowler's
    - b. Prone
    - c. Trendelenburg
    - d. Reverse Trendelenburg
  4. When preparing to turn and position the resident, the nurse aide must:
    - a. Anticipate the need for help in positioning the resident and obtain assistance in advance.
    - b. Elevate the bed to a comfortable working height.
    - c. Encourage the resident to assist the caregiver in repositioning him/herself as much as possible.

- d. Move the resident as closely to the side of bed as possible before attempting to reposition.
  - e. Reposition the resident every two hours.
  - f. Document as per facility policy.
5. When positioning resident in a chair or wheelchair, the following criteria must be followed:
- a. Resident's spine should be straight and the head erect.
  - b. The back of the chair should support the back and buttocks.
  - c. Weak upper extremities should be supported so that they are held inside the chair.
  - d. The feet should be flat on the floor or on the wheelchair footrests- do not allow the back of the legs to rest against the chair seat.
  - e. Use skin protective devices as needed.
  - f. Resident's body should be aligned.

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### 3.1.9 Demonstrates proper technique of transferring resident from

- a. Bed to chair
  - b. Chair to bed
1. When transferring a resident from the bed to a chair, the nurse aide must follow proper technique to prevent injury to the resident and self. [See *Transfers a Resident from Bed to Wheelchair Checklist* in Unit 12 Supplemental Materials.] Follow your facility's procedure related to resident transfer.

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### 3.1.10 Assists the resident with positioning devices. (such as trochanter roll, hip abduction wedge, splint and finger cushion)

1. Positioning devices help to make the resident more comfortable and secure when they are in bed or during moves.
2. *Pillows* are used to support the head, arms and other body parts and to relieve pressure. Folded or rolled towels or blankets may be used in place of pillows. They are used between the legs and ankles to reduce friction and bone-to-bone contact.
3. A *trochanter roll* is a blanket rolled and tucked along resident's side to keep hips and legs from turning outward.

4. A *bed board* is a wooden board placed under the mattress to provide extra support and keep it from sagging.
5. A *foot board* is a padded board placed upright at the foot of the bed. The soles of the feet are placed flat against the board to prevent foot drop.
6. *Turning sheets* (pull or lift sheets) are used to move an immobile resident in bed. They reduce friction and shearing against the resident's skin. The sheet should extend from the resident's shoulders to below the hips. Two caregivers move the resident by grasping the sides of the sheet and sliding the resident into position in unison. [See *Moves Resident to Side of Bed Without Pull Sheet Checklist* in Unit 12 Supplemental Materials.]
7. Use proper technique to position residents. [*Positions Resident: Supine, Prone and Fowler's Positions Checklist* and *Turns and Positions Resident on Side (Lateral Position) Checklist* in Unit 12 Supplemental Materials.]
8. Splints – keep the wrist, fingers and thumb in a normal position. Usually they have foam padding over a semi-firm material. A Velcro strap is used to help keep the device in place.
9. Finger cushions – help keep the fingers in normal position and prevent the continuation of a contracture in the hand.
10. Hip abduction wedge – help to keep the hips abducted. Usually used after hip surgery.

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**3.1.11 Utilizes measures to prevent breakdown and circulatory changes caused by improper application of assistive devices. (such as: hand grips, splints, trochanter roll, hip abduction wedge)**

1. The nurse aide should always understand how to properly apply type of assistive device that has been ordered by the Physician for the resident.
2. Check the device for rough edges, cracks or tears.
3. Observe the condition of the skin prior to applying the device.
4. Use appropriate skin protectors such as a sock or glove (if pre-ordered) prior to applying the device.

5. Apply the assistive device according to the residents care plan.
  6. Observe the fingers, toes, extremities for swelling, color or temperature changes which could indicate impaired circulation.
  7. Report any complaints of numbness, tingling or pain to the charge nurse.
  8. Support the extremity as the device is being removed. Avoid unnecessary pulling or rubbing.
  9. Check the condition of the skin after the device is removed. Report any signs of redness, swelling, irritation or temperature changes to the charge nurse immediately.
  10. Ensure that the device is kept clean and dry.
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◆ **3.1.12 Provides appropriate restorative care to prevent abuse, neglect and exploitation.**

1. There is a difference between rehabilitation and restorative care. Rehabilitation helps to restore a person to the highest level of function, on the other hand restorative care usually follows rehabilitation and the goal is to keep the resident at level achieved by rehabilitation.
2. Restorative care is an essential component of quality abuse-free resident care. All care must be geared toward maintaining the highest level of resident independence. Failure to deliver care to this standard can be considered neglectful and/or abusive. [See ◆ **Act 14 Curriculum for Objective 3.1.12 and Case Examples Objective 3.1.12** in Unit 12 Supplemental Materials.]

**VI. Sequence of Activities:**

1. Read appropriate chapter in textbook and complete study sheets.
2. Deliver lecture and conduct guided discussion.
3. Demonstrate skills specific to the session.
4. Have students perform return demonstration using checklists provided.
5. Emphasize the legal and ethical aspects of restorative care throughout the unit.

## VII. Expanded Activities

1. Locate video that illustrates key points of restorative care.
2. Expand time allocated for clinical lab to ensure adequate student practice related to transfer and positioning of resident; proper lifting technique, and performing ROM exercises.
3. Invite occupational therapist and/or physical therapist to speak to the group.
4. Conduct a small group exercise with **Case Studies for Objective 3.1.12** (or develop your own) rather than reviewing them as a class. Break students into small groups and distribute case studies as handouts. Ask students to discuss each case within their group and prepare to share their conclusions with the class.