Guide to Successful Restorative Programs
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Foundation
Understand the Basics
Range of Motion (Passive) [MDS = O0500A]

Definition

A program of passive movement exercises to maintain flexibility and useful motion in the joints of the body.

Exercises are:

- Individualized to the resident’s need
- Planned
- Monitored
- Evaluated and documented

Coding Tips

- For passive range of motion (ROM): the caregiver moves the body part around a fixed point or joint through the resident’s available ROM
  - The resident provides no assistance
- Range of motion must be delivered by staff who are trained in the procedure
- The use of continuous passive motion (CPM) devices in a restorative nursing program is coded when the following criteria are met: (1) ordered by a physician, (2) nursing staff have been trained in technique, and (3) monitoring of the device.
  - Nursing staff should document the application of the devices and the effects on the resident
  - Do not include the time the resident is receiving treatment with the device
  - Include only the actual time staff were engaged in applying and monitoring the device

Example

Mr. V has lost range of motion in his right arm, wrist, and hand due to a cerebrovascular accident (CVA) experienced several years ago. He has moderate to severe loss of cognitive decision-making skills and memory. To avoid further ROM loss and new contractures, the nursing coordinator developed instructions for providing passive ROM exercises to his right arm, wrist, and hand three times per day. The nurse aides have been instructed in how to do the passive ROM exercises. This plan is documented in Mr. V’s care plan. The total amount of time involved each day in completing the passive ROM exercises is 15 minutes. The nurse aides report that there is less resistance in Mr. V’s affected extremity when bathing and dressing him.

Program: Passive range of motion (PROM) to right arm, wrist, and hand for five to seven minutes, three times daily per instructions, seven days per week for three months. Goal: Prevent further ROM loss to right upper extremity (RUE) as evidenced by absence of new contractures.
### Potential Candidates for Restorative Program

<table>
<thead>
<tr>
<th>Observed decline or Quality Measure triggered</th>
<th>Recommended by therapy</th>
<th>Triggering event (e.g., falls, pressure ulcer, weight loss, choking event)</th>
<th>Functional decline or maintenance need identified at time of admission or during stay and not appropriate for therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can resident’s needs be met by standard nursing care planning and interventions?</td>
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</table>

**YES**

- No restorative program needed
  - Update care plan to reflect current status
  - Implement standard nursing interventions to promote ADL function

**Example:** Mrs. N has moderate cognitive impairment and requires frequent reminders throughout each meal to finish eating. She has maintained her weight and is able to feed herself with routine reminders that are offered to all residents as needed.

**Decision:** Restorative programming is not appropriate.

**Rationale:** As Mrs. N’s needs are able to be met using standard nursing practice of cueing and reminders during meals, a specific resident-centered program is not needed.

<table>
<thead>
<tr>
<th>Restorative program appropriate</th>
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<tbody>
<tr>
<td>Complete Restorative Program Assessment(s) as needed</td>
</tr>
<tr>
<td>Toileting Programs—Bowel and Bladder Assessment and Void Diary</td>
</tr>
<tr>
<td>Other Program-Specific Assessments per facility policy</td>
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<tr>
<td>Program is planned and monitored by a licensed nurse</td>
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<tr>
<td>Establish restorative program(s) based on assessment of the resident’s individual needs</td>
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<tr>
<td>Document indications/problem being addressed/area(s) treated</td>
</tr>
<tr>
<td>Document measurable objectives (goals) in the medical record and on the care plan</td>
</tr>
<tr>
<td>Document specific individualized resident interventions and specific procedures to be initiated in the medical record and on the care plan (restorative program is always documented as an intervention on the care plan)</td>
</tr>
<tr>
<td>Describe duration/repetitions of program</td>
</tr>
<tr>
<td>Program documentation includes daily flow sheets, minutes, results, staff completing, time performed, and oversight by licensed nurse (e.g., weekly oversight)</td>
</tr>
<tr>
<td>Nursing assistants/aides are trained; documentation of training available</td>
</tr>
<tr>
<td>Evaluate periodically</td>
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<tr>
<td>Does not require physician order</td>
</tr>
<tr>
<td>Must be aware of state-specific regulations</td>
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</table>

**Example:** Mr. Y has a history of a previous CVA with dysphagia and hemiparesis to his right arm. He requires verbal cues to pace himself during meals, reminders to alternate between food consistencies, guided maneuvering with weighted silverware, and praise. He is at risk for choking and loss of function to his right upper extremity.

**Decision:** Restorative programming is appropriate.

**Rationale:** Based on an assessment of Mr. Y’s unique needs and risks, a resident-specific program is needed to prevent decline in function to right upper extremity and reduce choking risk.
Care-Planning Restorative Programs

RAI User’s Manual:

- Item O0500: Steps for Assessment
  - Measurable objective and interventions must be documented in the care plan
  - If a restorative program is in place when a care plan is being revised, it is appropriate to reassess progress, goals, and duration/frequency as part of the care-planning process

- Item O0500: Technique
  - These activities are individualized to the resident’s needs, planned, monitored, evaluated, and documented in the resident’s medical record

Tips:

- Restorative programs are care-planned as an intervention
- Restorative programs are part of an intervention for an identified problem, need, or strength of the resident

Example 1: Passive Range-of-Motion Program

Mr. V has lost functional range of motion in his right arm, wrist, and hand due to a cerebrovascular accident (CVA) experienced several years ago. He has moderate to severe loss of cognitive decision-making skills and memory. An assessment of Mr. V’s function identified he has full loss of function to the right arm, wrist, and hand and mild resistance with passive range of motion. He is at risk for developing contractures to the affected areas. To avoid further ROM loss and prevent the development of contractures, the restorative nursing manager developed instructions for providing passive range-of-motion exercises to his right arm, wrist, and hand three times per day for 90 days. The nurse aides have been instructed in how to do the passive ROM exercises.

This restorative program is added to Mr. V’s care plan under the problem/focus of ADLs:

<table>
<thead>
<tr>
<th>Problem/Focus</th>
<th>Goal</th>
<th>Intervention</th>
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<tr>
<td>Impaired mobility related to history of CVA with hemiparesis to right side, complicated by moderate to severe cognitive impairment</td>
<td>Will not develop contractures to right arm, wrist, or hand x 90 days</td>
<td>Passive ROM restorative program to right arm, wrist, and hand 3 times daily</td>
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