

POLICY: R-VIII-3

DEPARTMENT: Personal Support Services

CATEGORY: Mobility

EFFECTIVE DATE: August 2013

SUPERSEDES VERSION DATED: July 2008

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Policy & Procedure Manual

USE OF THERAPEUTIC EQUIPMENT - R-VIII-3

POLICY:

Equipment designed for clients will be used adequately for client's maximum advantage by staff and students. The equipment includes, but is not limited to: abductor wedge, standing frame, stand-up wheelchair, chair cycle, wheelchair, scoliosis body jacket, hand and foot splints and sidelyers.

PURPOSE:

To ensure safety and proper use of equipment for optimum benefit.

PROCEDURE:

- 1. The Occupational Therapist shall provide training to staff regarding application, purpose and maintenance of the equipment.
- 2. The Occupational Therapist shall provide written guidelines regarding how to use the equipment. (See Appendix A.)
- 3. The Occupational Therapist shall ensure that the equipment fits and is properly adjusted to the client.
- 4. Staff shall report to the Occupational Therapist any changes with the fitting, redness on the client's skin or any broken/missing part(s) of the equipment for possible adjustments or repairs.
- 5. Staff must assist and monitor the client while using the equipment.
- 6. Staff shall ensure that the equipment is properly cleaned and put away after use.

RECOMMENDED BY: Occupational Therapist APPENDICES: 1

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services Administration, Personal Support Services

ORIGINAL POLICY DATE: September 1986

AUTHORIZED BY: Executive Director

SIGNATURE: Some

Scoliosis Body Jackets

- 1. Check the scoliosis body jacket to determine which is front/back and Top/bottom, where the opening is located and the type of closures.
- 2. Client must always wear a tight fitting cotton tank top when wearing a body jacket.
- 3. For body jackets with back opening:
 - To apply the body jacket, the client must be in supine position.
 - Place the body jacket on the chest.
 - Roll the client to one side and adjust the body jacket, then roll him/her to other side and adjust the body jacket.
 - Do up the Velcro straps or other type of closures.
 - Be sure the Velcro straps or other type of closures are not too tight or too loose. They are usually marked down on how they should come up.
 - Sit the client up and adjust the body jacket up and down. Adjust the Velcro closures one more time.

For body jackets with <u>front</u> opening:

- Client can be in sitting position in bed or in supine and rolled to one side.
- Apply the body jacket to the back of the client.
- While the client is supine rolled to one side, adjust the body jacket and then roll him/her to the other side and adjust the body jacket.
- Do up the Velcro closures/other type of closures. Usually, the closures are marked up to how far they should come up.
- 4. The body jacket should be used by the client as tolerated. It should be used when the client is sitting up in his/her wheelchair. Check the Occupational Therapist's recommendations regarding duration and frequency of use of the body jacket.
- When the body jacket is removed, check for pressure areas and report to Occupational Therapist any pressure areas noted as soon as possible.
- 6. The body jacket must be cleaned and put away after use.
- 7. Report to the Occupational Therapist if part(s) of the body jacket is missing or broken for immediate repair.

II. Wheelchairs

- Make sure the wheelchair is ready to receive the client, (brakes are engaged, straps and seatbelts are out of the way).
- 2. Transfer the client into the chair, and make sure that his/her pelvis is sitting back into the wheelchair, is centered and in a neutral position.
- 3. Maintain the position in #2 using a seatbelt or pelvic stabilizer.
- Make sure the lateral supports/bolsters and chest strap are placed and done up properly to keep the trunk in midline.
- 5. The thighs must be slightly abducted and completely supported by the seat cushion.
- 6. Hip and knee joints must be in angles that are tolerated.
- 7. Feet must be supported by the footrest or foot box. Foot straps are done up only when transporting the client in the community. There are occasions that the foot straps need to be done up at the group home, as per recommendations of the Occupational Therapist.
- 8. Ensure that the head of the client rests comfortably against the headrest.
- 9. Use tilt and recline system when transferring client in and out of the wheelchair, and to provide a comfortable position during the day.
- 10. If there is a lap tray, the client's arms must be free on top of the lap tray.
- 11. Report to the Occupational Therapist if part(s) of wheelchair is missing or broken for immediate repair.

III. Abductor Wedge

- 1. The client must be in supine position in bed. The bed must be Flat.
- 2. Bend and extend the hip and knee joints, 5 10x to relax the lower extremities of the client.
- 3. Lift the legs and slide the abductor wedge under the legs.

III. Abductor Wedge – cont'd.

- 4. Abduct the hip joints such that the pommel of the abductor wedge fits in between the thighs, knees and legs.
- Make sure that the hip and knee joints are bent to maximum as the abductor wedge.
- 6. Use the knee strap to keep the legs in place.
- 7. If the client has a windswept deformity, the lateral block support in the direction of the windsweep will assist in maintaining a good body alignment.
- 8. Ensure that the body and legs are in straight alignment when using an abductor wedge.
- 9. Ensure that the abductor wedge is used by the client as tolerated, and/or as specifically indicated by the Occupational Therapist.
- 10. Report to the Occupational Therapist if part(s) of the abductor wedge is missing or broken, for immediate repair.

IV. Sidelyers

- 1. If the client is in a hospital bed, be sure the hospital bed is flat.
- Roll client towards the convex side of the scoliosis.
- 3. If loose pillows are used:
 - Put two pillows between the side rail of the bed and the back of the client, i.e. one pillow behind the head and upper trunk; and the second pillow behind the lower trunk and legs. Pillows must be thick and firm enough to hold the client in sidelying position. If the client has a custom made bolster, use this custom made bolster for the back support.
 - Put a pillow under the head for support.
 - Put a pillow against the chest. The upper arm must rest on this pillow in a flexed position. The weight bearing arm must be in extended position and must be free to move if possible.
 - Put a bigger pillow at the knee level. The upper leg must rest on this pillow in a flexed position. The weight bearing knee must be in extension.

IV. <u>Sidelyers</u> – cont'd.

- 4. The client must stay in this position for not more than 60 minutes at a time. Client must take a break after an hour and may be put on sidelying again for the next 60 minutes.
- 5. The client must be constantly monitored when in sidelying position.

V. Ankle Foot Orthosis

- Make sure the client wears long cotton socks before applying the ankle foot orthosis.
- 2. With the client's hip and knee bent, apply the ankle foot orthosis (AFO) to the corresponding foot. AFO's are usually marked left or right.
- 3. Make sure that the heel is in and against the back of the orthosis.
- 4. Do up the Velcro strap around the heel. Then do up the strap around the mid leg.
- 5. If client is weight bearing, then apply the shoes on.
- 6. The client must wear this ankle foot orthosis as tolerated.
- 7. If there is noted redness on the skin after wearing this splint, leave it off for an hour to allow the redness to go away. If redness continues, contact the therapist. Some adjustments may be needed.
- 8. Contact the Occupational Therapist if there is redness or pressure marks on the skin, and if the AFO or part of it is missing or broken.
- 9. The AFO must be cleaned and put away after use.

VI. Hand Splints

- 1. Exercise the hand before applying the hand splint.
- 2. Apply the splint and make sure that hand and fingers rest comfortably in the splint.
- 3. Do up the Velcro straps.

VI. Hand Splints - cont'd.

- 4. Must be used as tolerated by client.
- 5. When the splint is removed, check for redness or pressure marks on the skin.
- 6. Report to the Occupational Therapist once skin redness or pressure marks are noted and when the splint is broken or missing.
- 7. Splint must be cleaned and put away after use.

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