

# Rehab for CNAs

**This course has been awarded  
One (1.0) contact hour.  
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## Acknowledgements

**RN.com acknowledges the valuable contributions of...**

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## Purpose and Objectives

**After successful completion of this course, you will be able to:**

1. Define rehabilitation.
2. Identify patients who need rehabilitation.
3. List rehabilitation activities that CNAs perform.
4. Identify rehabilitation goals for specific kinds of patients.

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## Introduction

Rehabilitation is not a phase of treatment limited to a time or place. It starts at the beginning of any health crisis.

Rehabilitation workers ask themselves how to get their patients back to normal as quickly as possible.

In this course you will learn how to apply this same kind of thinking to all your patients.

## Types of Rehabilitation Programs

**Nurses are core members of any rehabilitation team. They coordinate plans made by different specialists into a daily routine. They make sure the plan is realistic and meets the individual patient goals. They also work closely with the family, teaching them how to continue rehabilitation activities at home.**

Rehabilitation programs help people to recover from, injuries, illnesses, and chronic diseases. Some types of rehabilitation are:

- **Physical therapy**  
This builds up strength and endurance, relieves pain, and restores functional use of limbs.
- **Speech therapy**  
This restores speech and corrects speech disorders.
- **Occupational therapy**  
This helps people become more independent in activities of daily living.

- **Vocational rehabilitation**  
This finds new ways for people to earn an income.
- **Cognitive behavior therapy**  
This helps people learn new coping strategies.

## Rehabilitation Nursing

Rehabilitation nursing is a nursing specialty but all nurses incorporate rehabilitation principles into their care.

The specialists practice in rehabilitation hospitals, acute care hospitals, nursing homes, and other long-term care facilities.

Certified nursing assistants (CNAs) contribute to rehabilitation nursing care while under the supervision of a registered nurse (Association of Rehabilitation Nurses, 2012).

In some states, the job responsibilities for CNAs are regulated by the state, and RNs who assign tasks to CNAs must base the delegation on The Five Rights of Delegation:

- The right task
- The right circumstances
- The right person
- The right directions and communication
- The right supervision and evaluation  
(Association of Rehabilitation Nurses, 2012).

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**Rehabilitation nurses work with many other people besides their patients.**

**True**

Correct!

**False**

Incorrect. Working to rehabilitate patients is a rewarding experience.

## What is rehabilitation nursing?

Nursing staff specialized in rehabilitation nursing are frequently assigned individual patients to work with over an extended time period. This allows them to build on trusted relationships, give consistent care and be available to teach the family how to continue the care after discharge.

You may want to work in a specialized rehabilitation setting if you have these aptitudes and skills:

- Patience
- Creativity
- Problem-solving ability
- Excellent observational skills
- Ability to brainstorm with others
- Good communication skills
- Ability to motivate others

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- Good judgment about how much people are capable of at any given time

## Who needs rehabilitation?

According to Disabled World (2012), 54.4 million Americans are disabled. This is 19% of the population.

However, this does not mean that all these people are candidates for rehabilitation. Before beginning a rehabilitation program, there are three things that need to be determined to see if rehabilitation is appropriate:

- Motivation of the patient and support of the family.
- Medical stability of the patient to endure the rigorous demands of rehabilitation.
- Availability of rehabilitation programs and how they can be paid for.

Rehabilitation may start in the hospital within days after an injury, such as a burn. It may continue in home healthcare after discharge following a stroke.

It may start months or years later, as in the case of traumatic brain injury.

Sometimes it is provided in stages or at intervals. For example, when a paraplegic needs to make a lifestyle change such as going back to school or work.

## Conditions that May Require Rehabilitation

Some Conditions that may involve rehabilitation include the following:

- Burns
- Strokes
- Amputations
- Heart attacks
- Brain injuries
- Spinal cord injuries
- Joint replacements
- End stage renal disease
- Hearing and vision impairments
- Chronic obstructive lung disease
- Immune system disorders such as Guillain-Barre syndrome and chronic fatigue immune dysfunction syndrome
- Degenerative disorders such as muscular dystrophy, Parkinson's disease, multiple sclerosis and Alzheimer's disease

**Anyone who is disabled needs to be in a rehabilitation program.**

**True**

Correct!

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## False

Incorrect. In rehabilitation, nurses work on a team with many specialists.

## Types of Tasks for CNAs

There are two types of tasks that a CNA may be required to perform: Basic tasks and tasks that need additional training for.

The basic skills consist of those tasks that support a patient's activities of daily living, hygiene, and nutrition as well as basic nursing assessments.

The secondary skills consist of those tasks that require additional training and demonstration of competence prior to being performed (Association of Rehabilitation Nurses, 2012).

### Basic Skill Set:

- Obtaining and documenting vital signs, and notifying the professional nurse when these values are outside of normal parameters.
- Bathing and grooming.
- Feeding and assisting with nutritional intake.
- Mobility assistance including ambulation, transfers, positioning, range of motion, and positioning precautions.
- Monitoring and documenting input and output.
- Applying external catheters and maintaining and cleaning urinary drainage bags.
- Following established infection control and safety measures.
- Notifying professions of any changes in clinical or functional status, and observing patient behaviors and reporting observations to the registered nurse.
- Assisting in socialization activities and reporting the level of patient participation to the registered nurse.

### Secondary Skill Set:

- Inserting and removing indwelling and intermittent catheters
- Performing tube feedings
- Performing digital stimulation and bowel programs
- Performing simple dressing changes
- Performing point of care testing
- Obtaining pulse oximetry, electrocardiograms, and bladder scans and other clinical measurements body text

## Basic Tasks for CNAs

The basic skills that CNAs working in rehabilitation will be required to perform, are tasks that support a patient's activities of daily living, and include basic nursing assessments.

Here are the main basic task areas of rehabilitation nursing care that CNAs are involved in:

- **Patient assessments**  
You may take vital signs, look for behavior changes that may signal medical problems, and check for signs of infection.

- **Bathing and hygiene**  
You will use specific safety measures and special equipment to teach patients how to stay clean despite their handicaps.

**A problem solving approach will help a CNA deal most effectively with the many challenges rehabilitation patients face, and help them overcome these difficulties.**

## **Basic Tasks for CNAs (cont).**

- **Bowel and bladder training**  
Lack of mobility and/or paralysis can create bowel and bladder problems that have to be corrected, as self management of bodily functions is a criterion for discharge. You will carry out toileting regimens, give enemas and suppositories, and learn how to use digital stimulation to start a bowel movement. Many patients also have catheters, either external or internal. You will keep record of intake and output and may be involved in catheter care.
- **Nutrition**  
You will learn how to avoid aspiration in patients with swallowing problems. You will also teach patients to use adaptive utensils in order to eat independently. This may be challenging at times, as patients may seem unmotivated to learn to care for themselves.

**Working in rehabilitation, you will learn how to address the loss of physical ability, frustration with the pace of progress, change in body image and anxiety over how disability affects finances and relationships.**

## **Basic Tasks for CNAs (cont).**

- **Prevention of contractures**  
Spasticity, paralysis and immobility all contribute to contorted or frozen postures called contractions. You will be vigilant about frequent repositioning. You will do range of motion exercises on patients to prevent this complication.
- **Mobility**  
You will get your patients moving by walking them in the hall, getting them into a wheelchair, or helping them to adjust to wearing a prosthesis, an artificial limb. You will learn how to use a hydraulic lift to move a fully paralyzed patient. You will teach others how to transfer themselves safely between a bed, a wheelchair and a toilet.
- **Communication**  
You will work with patients who have difficulty speaking or understanding words. You will be working with patients who have chronic pain and/or emotional problems such as anger, anxiety and depression. Almost all rehabilitation patients struggle to cope with their situation (Rehabilitation Institute of Chicago, 2002).

**Most of your work as a CNA in rehabilitation nursing has to do with activities of the patient's daily living.**

## True

Correct!

## False

Incorrect. Patient hygiene, mobility and safety are your top concerns.

## Skilled Tasks for CNAs

Skilled tasks require additional training before they can be performed by a CNA.

In addition, a registered nurse must observe and document competency before a CNA performs a skilled task independently. If you are not comfortable performing a skilled task, it is your responsibility to request additional training.

- **Tube Feedings**

You may be required to check patency of a feeding tube, check residual volume, prepare and administer formula, and document activity.

- **Skin and wound care**

Many rehabilitation patients need frequent skin care, dressing changes, and repositioning. You will learn how to operate special beds that can be turned over or rotated to alter pressure on wounds. You will prevent bedsores by keeping bed sheets dry and using soft mattress covering that minimizes friction.

## Skilled Tasks for CNAs P. 2

- **Point of Care Testing (POC Testing)**

POC Testing is the collection of specimens from the patient and testing of the specimen by a hand-held unit, to obtain results quickly.

POC testing may include blood glucose testing, blood gas and electrolytes analysis, urine strips testing, and testing for blood in the stool.

The goal of POC testing is to collect the specimen and obtain the results in a very short period of time, so that the treatment plan can be adjusted as necessary.

- **Obtaining Specialized Measurements**

You may receive additional training to enable you to record a pulse oximetry reading, perform an electrocardiogram (ECG) test, and measure bladder volume.

## Rehabilitation Devices

Rehabilitation Devices for increasing independence may include:

- Braces
- Grab bars
- Shower chairs
- Raised toilet seats

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- Walkers and canes
- Thick eating utensils
- Gripper tools with long handles
- Bowls and plates that cannot tip over
- Voice-activated phones and computers
- Large print clocks, books and telephones
- Wheelchairs with motors and hand controls
- Sliding boards for transferring from bed to wheelchair
- Steering wheels adapted with hand controls for the brake and accelerator

**Prevention and healing of pressure sores are both part of rehabilitation nursing.**

**True**

Correct!

**False**

Incorrect. Disability often leads to pressure sores and complicates progress in rehabilitation

## Case Studies

Specific rehabilitation needs and expectations of progress are unique for each person. However, rehabilitation goals can be set for groups of patients with similar medical issues. Here are some rehabilitation patients you might take care of:

- Mr. A is a burn patient who needs dressing changes on his chest and arms every four hours. Your task is to provide range of motion exercises so that he does not develop contractures. Between the pain of the dressing changes and the forced exercise, he has lost his appetite. However, in order to heal, he needs good nutrition. You ask him what his pain level is shortly before each meal and consult with the RN about how to help him with his nutrition.
- Mrs. B is a diabetic with a leg amputation. You help her rewrap her stump with an elastic bandage. You check for swelling, skin irritation, and infection. You encourage her to reposition herself frequently in bed to maintain flexibility and full range of motion in the leg joints. You supervise her transfers between bed, wheelchair, and toilet.

**Rehabilitation goals are appropriate for all patients every day.**

**True**

Incorrect. During a crisis or when vital signs are not normal, rehabilitation goals are suspended.

**False**

Correct!

## Case Studies

- Miss C is a recently brain-injured patient who is in the hospital for observation. Rehabilitation goals are not appropriate until the chance of brain swelling or bleeding is reduced. You do gentle range of motion exercises to prevent contractures. You also minimize environmental stimulation and use safety measures to keep the patient safe from falling. A few months later you work with her to build



skills for completing activities of daily living. You recognize that she has cognitive impairment (difficulty thinking). You speak to her slowly, in simple words that you repeat several times. You use touch to communicate and try to keep environmental stimulation to a minimum so she can focus better.

- Mr. D is living with chronic obstructive pulmonary disease. He is in a rehabilitation program to build up his endurance and teach him some special coping techniques. You reinforce the pursed-lip breathing and controlled coughing he is taught. You praise him for his efforts. You encourage him to be as physically active as possible and help him to set some goals that he hopes to achieve after discharge.

## Case Studies

- Mrs. E is a stroke patient who is transferred to your long-term care facility. You have several objectives in caring for her:
  - Frequently reposition her to prevent contractures and pressure sores.
  - Do range of motion exercises and assist her to use her stroke-impaired limbs.
  - Help her to become more aware of her stroke-impaired limbs in moving, maintaining balance and protecting herself from injury.
  - Take a compassionate attitude toward her emotional instability, depression and thinking impairments.
  - Prevent aspiration when she swallows.
  - Use special communication tools to make up for language problems.
  - Make sure that you have her attention when talking to her.
  - Carry out nursing care plan steps for correcting bowel and bladder incontinence.

## Specific cases

- Mrs. F is a hospitalized patient with a hip fracture. Following her surgery she is already up in a chair the next day. You assist her to transfer from a wheelchair to a raised toilet seat in the bathroom. She has a supportive husband. You reinforce the teaching that the RN gave the husband and remind him how he can assist his wife in moving around.
- Mr. G is a patient with Parkinson's disease who frequently awakens during the night by vivid dreams. When you assist him to the toilet you make sure he sits a moment before standing. You know that his medications may cause him to faint if he stands up too quickly. You compensate for his balance problems by helping him move from sitting to standing. You answer his call light promptly so that he does not try to get out of bed himself.
- Miss H is an Alzheimer's disease patient living in a nursing home. You promote the goal of keeping her as independent as possible by adjusting her environment. You make sure her living space has good lighting and is as safe as possible to prevent falls and wandering. Occasionally, Miss J's behavior is disruptive to others. You use a variety of ways to handle these times, such as distraction, rhythmic exercises, and calming music. You make use of clocks, calendars, and pictures to re-orient her.

## Conclusion

Now you have an idea of what rehabilitation nursing is about.

Much of the care you regularly do is an application of rehabilitation nursing. In a specialized rehabilitation unit or facility you have an even greater opportunity to promote and encourage patients to live independently.

Your reward for working with rehabilitation patients is knowing that their quality of life is improved.

### **Rehabilitation improves the quality of life for disabled people.**

#### **True**

Correct!

#### **False**

Incorrect. Working to rehabilitate patients is a rewarding experience.

## **References**

At the time this course was constructed all URL's in the reference list were current and accessible. Rn.com. is committed to providing healthcare professionals with the most up to date information available.

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