

Positioning, Mobility & Range of Motion (ROM)

Use this pathway for a resident with concerns related to ROM, mobility, and/or positioning.

Review the following in Advance to Guide Observations and Interviews:

- ☐ The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C, E, F, G, I, J, and O.
- ☐ Physician's orders (e.g., PT/OT therapy, restorative, pain management, exercises or care for ROM, mobility, or positioning).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., ROM and mobility schedules including types of interventions, positioning interventions, assistance devices, type of splinting [e.g., splint, hand roll, arm trough], pain, care of contracture).

Observations Across Various Shifts:

- ☐ Whether the care plan accurately reflects the resident's condition, including presence of contractures, muscle atrophy, balance, gait, or other ROM/mobility and/or positioning needs. If not, describe;
- ☐ Whether staff provide assistance and interventions, including positioning, exercises, and treatments as ordered including the frequency, number of reps, and direction of movement according to the care plan. If not, describe.
- ☐ Whether the resident participates or is encouraged to participate in the treatments, exercises, therapies, or positioning to the extent possible. If not, describe.
- ☐ If concerns are identified with positioning, exercises, treatments or other interventions, identify who is responsible for monitoring the implementation.
- ☐ When assisting with ROM exercises, whether staff allows sufficient time for the resident to complete tasks. If not, describe.
- ☐ Whether the resident's joints were adequately supported during PROM exercises, and whether the extremities were moved in a smooth, steady manner to the point identified in the care plan. If not, describe.
- ☐ Whether clean and sanitary assistive devices or equipment (such as walkers, wheelchairs, and bedside commodes) are encouraged,
- ☐ For the resident using a wheel chair (w/c) or recliner:
 - The resident is properly positioned in a w/c or recliner to maintain proper body alignment;
 - Seated in a w/c of appropriate size;
 - Whether the resident's chair (e.g., w/c or reclining chair) fits under the dining room table so he/she is properly positioned to be able to access the meal; and
 - If the resident self-propels in the wheelchair, whether the foot pedals are removed, and if the resident cannot self-propel, whether leg rests and foot pedals are in place. If not, describe.
- ☐ If in group therapy (if a concern is identified, describe):
 - Whether the amount of time and intervention provided is based upon the care plan and orders;
 - Whether the resident is participating and if not, whether staff attempts to engage the resident in the group therapy; and
 - Whether group therapy is not meeting the needs according to the resident's interventions.
- ☐ Whether and how staff responds if the resident verbalizes or indicates pain or discomfort, shortness of breath, orthostatic hypotension during the interventions, exercises, mobility, or transfers, or during contracture care.
- ☐ Whether, if required, splints, braces, hand rolls with or without finger separators, hand cones, palm protector, or rolled up

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provided and used according to the care plan, for positioning, mobility, ROM treatments or care. If not, describe.

- ☐ If there are positioning needs for the resident in bed:
- Whether the resident is positioned (according to the assessment and care plan) in bed to maintain proper body alignment including leg's and feet, (i.e., not pressed up against the foot board);
 - Whether positioning is provided to prevent complications including during meals; and
 - If pillows or other equipment are used for positioning, they are used correctly, (head supports including head rests and straps, back/lumbar support, appropriate height of armrests, trunk/lateral supports, cushions, pillows, appropriate seat depth, and position of feet). If not, describe.

Resident, Resident Representative, or Family Interview:

- ☐ For a resident with limitations in ROM or the presence of a contracture, ask the resident to describe the amount of limitation present, how long this condition has been present, and how it is being addressed (exercises, equipment)?
- ☐ Have you had an improvement, or decline in ROM, mobility, or positioning? If so, describe.
- ☐ Were you involved in developing your care plan for improving or maintaining ROM/mobility and does the plan reflect your preferences and choices?
- ☐ Is the care plan being implemented as written?
- ☐ If you need a splint/brace or other adaptive equipment, when is it applied?
- ☐ Has the facility provided you with assistive devices such as reachers, mobility devices, and/or communication devices? If so, do you use them, and what instructions were you given on how to use them? If not, describe.
- washcloths were clean, in good condition, and applied correctly (slowly, gently, fingers stretched out over the splint or hand roll, or arm trough to extend fingers). If not, describe.
- ☐ If a contracture(s) is present, determine:
- The location of all contractures present;
 - The condition of the resident's skin (e.g., clean and properly cared for or evidence of breakdown);
 - If the resident's hands are contracted in a fist, whether the nails are clean and trimmed; and
 - Whether there are nail prints in the palm of the resident's hand, odor, or signs of moisture. If so, describe.
- ☐ Do you have any discomfort or pain during treatments, exercise programs, mobility/transfers, application of splints, or positioning? If so, how is this addressed?
- ☐ Are you able to actively participate in mobility, positioning, treatments, exercises? If not, describe your involvement, instructions received, and whether staff provides encouragement and revision to the interventions as necessary.
- ☐ Do you have sufficient time to perform the treatments, exercises, mobility or positioning tasks without being rushed? If not, please describe. Does staff complete the task for you, rather than allowing you to perform it by yourself? If so, please describe.
- ☐ If on PT/OT for ROM, mobility, or positioning needs, did the therapists discuss the treatment plan and goals? If so, what specific interventions (gait, transfer training, exercises, positioning) were provided, how often, and duration or length of the therapy sessions, and are these plans and goals included your preferences and choices? If not, describe.
- ☐ Are you aware of any skin problems you have developed related to the use of adaptive equipment (e.g., skin breakdown, cleanliness issues)? If so, what is being done?

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- ☐ Do you need assistance with positioning? If so, what is needed and used during positioning? Does it meet your needs for comfort, safety, and proper alignment? If not, how has staff addressed this?
- ☐ Are you comfortable in bed, or in a wheelchair, or recliner? If not, how has staff addressed this?

Nurse Aide or Restorative Nurse Aide Interviews

- ☐ Describe your responsibilities for positioning, ROM, or mobility interventions based upon the written care plan.
- ☐ When did you begin working with the resident? Can you identify:
 - Why the resident requires the intervention;
 - What is being provided to address the specific concern for ROM, positioning or mobility;
 - How often and how much assistance the resident requires;
 - What equipment or devices the resident uses for ROM, mobility, or positioning; and
 - The amount of time required to provide the interventions and whether the resident is encouraged to participate and to complete the tasks, to the extent possible.
- ☐ Are you aware of risk factors for developing a contracture, decline in ROM, mobility, or positioning for this resident?

Licensed Nurse and DON Interviews as appropriate:

- ☐ Was the resident assessed for risks, causes, and treatments to maintain, improve or prevent decline in ROM/positioning or mobility? If not, describe.
- ☐ Have any physical or cognitive limitations been identified that may influence the ability to maintain, improve or prevent decline in ROM/positioning or mobility? If so, describe;
- ☐ Was the resident or resident representative involved in care plan development, including identifying choices and preferences for maintaining, improving or preventing decline in ROM/positioning or mobility? If not, describe.
- ☐ Has a program or interventions to maintain, improve or prevent decline in ROM/positioning or mobility been attempted? If not,

- ☐ If you have declined specific interventions, why and did the staff discuss or attempt alternatives?

- ☐ Does the resident have complaints of pain or discomfort, shortness of breath or other concerns during treatment/care? If so, how are they addressed and by whom?
- ☐ Are there any skin integrity issues related to the resident's adaptive equipment or positioning? If so, describe what changes have been made to address these issues.
- ☐ If the resident declines to participate, what do you do, and who do you report it to?
- ☐ Has a decline in the resident's condition occurred? If so, was this reported, when, and to whom, and was the care plan changed?
- ☐ What type and amount of training have you received regarding the treatment/services and equipment/devices you are providing?

- ☐ What are the resident's risk factors for developing contractures (e.g., stroke, arthritis, immobile), and if any, what is being provided to address the risks?
- ☐ If a contracture is present:
 - When did the contracture develop, who was notified, when were they notified, and what interventions were implemented?
 - What therapy, restorative, or splint interventions were in place before the contracture developed? If not, why not?
 - Whether the contracture worsened, and if so whether the treatment plan changed.
- ☐ Was the resident assessed for pain or discomfort related to ROM/positioning/mobility? If so, when and where does the pain

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describe. If this was not done, how was it determined that the resident would not benefit from a program?

- ☐ Was the resident assessed and furnished any equipment or devices for positioning, mobility, and ROM? If not, describe. If the resident is using a transport chair in place of a w/c, ask why.
- ☐ For a resident with positioning/ROM/mobility needs:
 - What needs have been identified and assessed;
 - How were these needs addressed and when;
 - Whether the therapist has been involved in the development of specific interventions to address these needs; and
 - Whether there has been a decline in ROM or mobility related to positioning needs and if so, describe.

occur, was it reported and to whom and what interventions have been put in place to address the pain/discomfort? Do interventions for proper positioning/ROM/mobility improve the resident's pain? If not, describe

- ☐ Have consultations with the attending practitioner and PT/OT been obtained to address areas of concern, such as decline or failure to improve, maintain, or refusal to participate in the treatment interventions?
- ☐ Does the resident decline interventions including positioning and why? If the resident has declined, describe any changes in his or her ROM/positioning or mobility.
- ☐ How and when are staff monitored to ensure they are accurately implementing care-planned interventions?
- ☐ How and who trained staff to provide the treatments/interventions? If concerns were identified with the provision of interventions, request to see the documentation.

PT, OT, or Restorative Staff Interviews as appropriate:

- ☐ When did therapy/restorative start working with the resident? How often do you meet with the resident?
- ☐ Did the assessment identify limitations and areas for improvement for ROM/mobility/positioning and plans to maintain, improve, or prevent a decline based upon the resident's clinical condition?
- ☐ How were interventions identified that were suitable for the resident? What are the resident's current goals and how was the resident/representative involved in decisions regarding treatments?
- ☐ Does the resident actively and/or independently participates in the interventions? If not, how much assistance does the resident need?
- ☐ What is therapy doing to address the resident's positioning concerns? When did therapy start working with the resident?
- ☐ How much assistance does the resident need with positioning?
- ☐ Does the resident decline treatment? What do you do if the resident declines to participate in treatment?

- ☐ What assistive devices or adaptive equipment does the resident use? Who provided instructions and what instructions were provided for the staff and resident?
- ☐ Does the resident complain of discomfort, pain, shortness of breath, or other symptoms related to the interventions? If so, what is being done to address the concerns, by whom, and when was the attending practitioner made aware of the concerns?
- ☐ How often is the resident's progress assessed and where is it documented?
- ☐ What risk factors are present that might lead to the development of a contracture?
- ☐ If a contracture is present:
 - When did it develop and when was therapy notified?
 - What interventions are implemented to address the contracture?

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- ☐ Were you involved in training staff to position the resident and apply the positioning devices?
- ☐ Is the resident at risk for a decline in function? What may be the cause? What is being done to prevent it?
- ☐ If a decline in function occurred:
 - When did it occur?
 - What caused the decline?
 - Who was notified and when?
 - What therapy or restorative interventions were in place before the decline developed?
 - What is therapy/restorative doing to address the resident's decline?
- What therapy, restorative, or splint interventions were in place before the contracture developed?
- ☐ If the resident is not on a therapy/restorative program, or it was discontinued, how was it determined that the resident would not benefit from a program?
- ☐ How do you monitor staff to ensure they are implementing care-planned interventions as written?
- ☐ Ask about concerns based on your investigation.
- ☐ It may be necessary to interview the attending practitioner regarding declines or failure to improve in ROM/mobility or positioning in order to determine if he/she was aware of the status of the resident's condition and what was done to address the potential or actual decline.

Record Review determine, as appropriate:

- ☐ Do your observations of the therapy/restorative services match the status of the resident's ROM/mobility and level of assistance described in the record? If not, determine if staff can provide documentation regarding the difference.
- ☐ Does the record reflect assessment of risk factors and underlying causes, of identified concerns for ROM/mobility/positioning, and identified interventions/strategies and goals for maintaining, improving or preventing decline in these areas? If not, describe.
- ☐ Does the record identify potential complications that may be related to decreased ROM/Mobility, such as pain, skin integrity issues, deconditioning, unsteady gait/balance, contractures, respiratory/circulatory complications? If so, were interventions developed and implemented to mitigate those risks?
- ☐ How does the facility involve the resident/representative in development of the care plan and ensure it reflects their choices or preferences?
- ☐ Whether necessary services were identified and provided to maintain or improve the resident's ROM, level of mobility, or positioning.
- ☐ Whether the need for equipment or assistive devices was assessed and provided based on need. Whether ROM exercises, treatments,
- ☐ If a resident was assessed as not appropriate for therapy services, were appropriate restorative or maintenance interventions identified and implemented in an attempt, to the degree possible, to prevent further decline in the resident's condition? What instructions did therapy provide regarding restorative or maintenance interventions?
- ☐ Does the record reflect improvement, maintenance, or decline in the resident's abilities for ROM/mobility or positioning and if so, were changes addressed and the care plan revised? If not, describe.
- ☐ If changes in the resident's ROM/mobility or positioning were identified were the changes communicated to appropriate staff and the attending practitioner? If not, describe.
- ☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan) and if so, if and when was the MDS significant change comprehensive assessment conducted.

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- applications of splints or assistive devices were provided as ordered. If not, describe.
- ☐ Whether PT/OT assessed and reassessed a resident if a decline or potential decline had been identified, provided treatment as often as ordered, provided devices as necessary and revised interventions to address the actual or potential decline. If not, describe.
- ☐ If concerns are identified related to the delivery of care and services for ROM/mobility, transfers, positioning, or contracture care, review the applicable policies and procedures.
- ☐ In some clinical conditions, a decline in ROM/mobility or positioning may occur even though the facility provides ongoing assessment, appropriate resident-specific care planning and provides ongoing preventive care and interventions. Documentation must reflect the attempts made by the facility to implement the plan of care and revise interventions to address the changing needs of the resident. In this type of situation, decline in ROM/mobility may be considered to be unavoidable.

Critical Element Decisions:

- 1) A. For residents admitted without a limited ROM, and whose clinical condition demonstrates that reduction in ROM is avoidable, did the facility provide services and/or treatment to prevent reduction in range of motion? Were those services/treatment provided in accordance with professional standards of practice and based on the comprehensive assessment, the person-centered care plan, and the resident's preferences?
- B. For residents admitted with a limited ROM and/or mobility, did the facility provide services and/or treatment to increase range of motion/mobility and/or to prevent further decrease in range of motion/mobility, including the provision of equipment for limited mobility?
- If A or B is No, cite F688
NA, the resident did not have ROM or mobility concerns.
- 2) Did the facility provide treatment and care to address the resident's positioning needs that were in accordance with professional standards of practice that were based on the comprehensive assessment, person-centered care plan and the resident's choice?
- If No, cite F684
NA, the resident did not have positioning concerns.
- 3) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?
- If No, cite F655
NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

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- 4) If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition?
If No, cite F636
NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and a comprehensive assessment was not yet required.
- 5) If there was a significant change in the resident's status, did the facility complete a significant change in status assessment within 14 days of determining the status change was significant?
If No, cite F637
NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.
- 6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
If No, cite F641
- 7) Did the facility develop and implement a comprehensive person-centered care plan that includes measureable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?
If No, cite F656
NA, the comprehensive assessment was not completed.
- 8) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?
If No, cite F657
NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

Other Tags, Care Areas (CA), and Tasks to Consider: Dignity (CA), Abuse (CA), Accommodation of Needs (Environment Task), Admission Orders F635, Professional Standards F658, Pain (CA), Pressure Ulcer (CA), Physician Supervision F710, Physician Delegation to Therapist F715, Sufficient and Competent Staffing (Task), Rehabilitative and Restorative (CA), Resident Records F842.