

# News Bulletin

SANATORIUM *The* BOARD OF MANITOBA

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## The Role of the Nurse in Rehabilitation

In the field of rehabilitation a nurse has an exceptional opportunity to practise the highest nursing ideals. In addition to administering the basic bedside care required by any sick or disabled person, the rehabilitation nurse has special duties

which require special skills. These are performed in support of the co-ordinated efforts of a group of highly skilled professionals — physicians, therapists, social workers, vocational counsellors and others — who are all motivated by the concept of caring for the total needs of each patient.

Like all other members of the rehabilitation team, every act of the nurse is directed

to dwell on them. Instead she stimulates and encourages the patient to develop and use the abilities he has left.

*The rehabilitation nurse works closely with doctors and therapists to help the patient reach his treatment goal*

keeps are very important. Changes in pulse rate and blood pressure readings are carefully charted, and reports on laboratory investigations are brought to the attention of the doctors as soon as they are received, for these are often the basis for rapid adjustments of the treatment program and medications.

*The nurse shares the responsibility for teaching others.*

Teaching is a continuous responsibility. It involves such important things as teaching the patient the fundamental rules of hygiene, the care of the skin, and bowel and bladder control. It means teaching the patient to provide for his own needs . . . and it means education of the family. The family has an essential part in the rehabilitation program for it is often the relatives'

whether or not the treatment aims will be achieved. They must understand and appreciate the problems encountered by the patient, and they must know how much help should be given and how much should be withheld. For once the patient attains some degree of self-sufficiency further progress can be hampered by people who would seek to overprotect him — but who in doing so are, in fact, robbing him of the satisfaction of doing things for himself.

Rehabilitation, the nurse finds, can often be a slow pro-



the patient's treatment program. Her major contributions are:

*The rehabilitation nurse acts as a link between the patient and the rest of the hospital staff and between the patient and his relatives and the community.* Of all the services offered by a rehabilitation hospital, nursing is the only service available 24 hours a day and seven days a week. Because of this central, privileged position, the nurse sees more of the patient's over-all needs, and it is therefore her duty to interpret his hopes and his fears, his frustrations and his feelings of achievement to others on the rehabilitation team and to the patient's family and friends.

*The rehabilitation nurse helps the patient to adjust to and accept his disability.* She keeps the rehabilitation potential of the patient in mind at all times. Some patients, for example, will completely recover, others will make considerable progress, and a number will have handicaps they may have to live with the rest of their lives.

But even if the goal of rehabilitation means only a certain degree of functional ability for self-care, the nurse always takes the positive approach, and while she helps the patient to recognize his limitations, she does not



Various disciplines are brought together to achieve the aims of the patient's treatment program. Here, at the Manitoba Rehabilitation Hospital, the nurse works closely with the doctor trained in physical medicine, the specialist consultant, the physiotherapist, occupational therapist and speech therapist, prosthetist and orthotist, social worker, dietitian and vocational counsellor.

*as early as possible and at a speed best suited to him.* In addition to giving good bedside care, the nurse carries out certain special techniques related to rehabilitation.

These may include, for example, prevention of contractures by functional positioning, assistance to maintain range of motion at the joints, practice in crutch walking on the wards and such activities of daily living as are carried out at the bedside.

The nurse can also be of great value to the hospital staff by observing the effect of the treatment program on the patient. In many cases she is able to advise on the patient's attitude and reactions to treatment. The records she

A great deal of time must be spent demonstrating and explaining to the patient and his relatives, and to all levels of the nursing staff, how to do things, why to do things and how some ways are easier than others. The nurse must be constantly alert, watching that what she teaches is carried out, because rehabilitation techniques not only take into consideration facility of execution but also the patient's safety:

"Lock your brakes. Never attempt to rise until you are sure your wheelchair is immobile. Feet together. No . . . bring your right foot forward until it is level with the other. Flex your body slightly. Press hard on the arms of your chair. Gently . . . your hands are too far back. Turn your elbows out a little. Now rise."

attitude and influence which determine in the long run

cess requiring a great deal of patience and understanding and tact. Unlike her counterpart in a traditional hospital setting, the rehabilitation nurse is not judged on how much she does for the patient but rather on how much she can arouse the patient's interest to achieve things for himself. Her care is highly individualized and all her resources of quiet strength are needed to obtain from the patient the maximum response to treatment.

But having successfully completed the job, there is probably no greater personal satisfaction than having had some part in restoring to an individual his dignity, worth and self-respect.

Address all communications to:  
THE EDITOR, SBM NEWS BULLETIN,  
800 Sherbrook Street, Winnipeg 2, Manitoba  
Authorized as second class mail, Post Office Dept., Ottawa,  
and for payment of postage in cash.

MCKELL, PETER  
40 BRIARWOOD ROAD  
ST BONIFACE 6 MAN

**News Bulletin**  
SANATORIUM OF MANITOBA  
BOARD

# The Rehabilitation Nurse Cares for the Total

*All the aspects of good basic nursing care apply to rehabilitation nursing. Regular and careful noting and recording of the patient's vital signs are particularly important, and the nurse reports any changes to the physician. Her observations are especially significant when caring for patients with neurological disorders.*



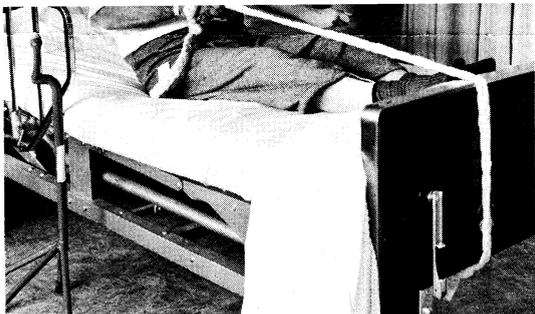
Blood pressure readings are charted regularly. (Note the wooden blocks used to stabilize the patient's bed for safety in transferring.)

**LEFT:** The nurse notes the temperature, pulse and respiration rates of a quadriplegic patient. Prompt reporting of any changes is essential as these may indicate a need for revising the therapeutic program.

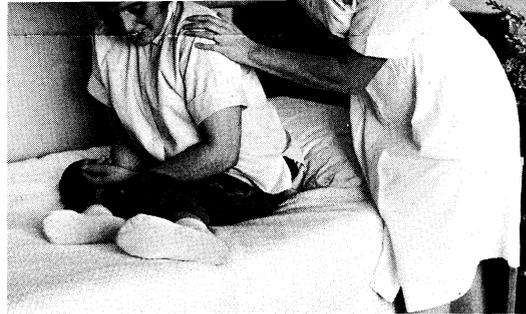


*Very few activities are performed in the horizontal position. In rehabilitation nursing one of the first things the patient is taught, after he learns to move about in bed, is to sit up and to maintain sitting balance.*





Sometimes patients will need special devices to help them attain a sitting position. Here the nurse instructs a patient with left hemiplegia to pull on a bed rope with his right hand. Note "Quadriplex" cane for stability in ambulation.

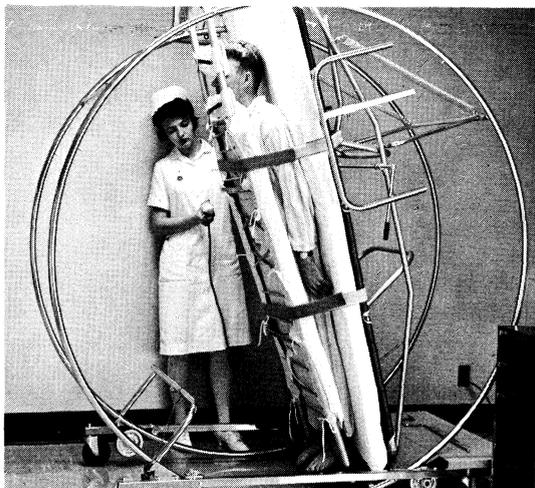


Once sitting balance is achieved, patients must be able to maintain it to perform activities of daily living. A paraplegic patient learns that her centre of gravity is now higher; she will have to lean forward to perform self-care activities.

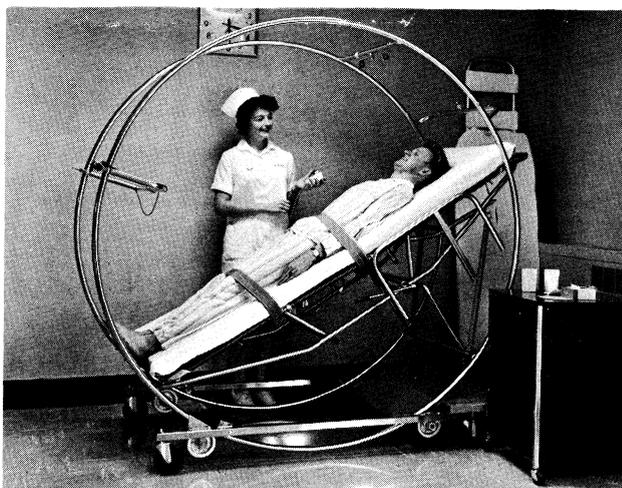


The patient has practised tilting forward and back, and from side to side, to maintain sitting balance. Having accomplished this, she is able to master many of the activities of daily living.

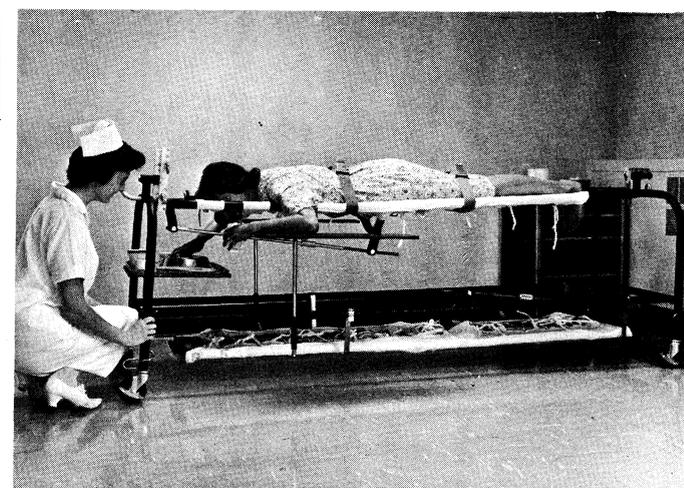
*Reversible orthopedic beds help the nurse to care for patients with special needs. Two advantages of this type of equipment are that the patient, while being supported on a firm surface, may be immobilized by adding traction to the bed frame; and decubiti are prevented when the patient can be easily turned from supine to prone.*



The Circ-O-lectric bed has an anterior and posterior frame supported by hoops. A motor tilts it to any angle; side levers fold it to form a chair.



In the semi-reclining position there is pressure on the weight-bearing bones. This helps prevent some of the metabolic complications associated with long illness.



Independence is stressed throughout the patient's rehabilitation program. Even when immobilized on a Foster Frame, the patient is encouraged to perform self-care activities.

# Needs of the Patient

*All transferring techniques must be both safe and efficient. The method used by the individual patient will depend on the degree of his disability and the type of equipment available.*

In the picture sequence, from left to right, a paraplegic patient transfers from the bed to the wheelchair. **PICTURE 1:** The wheelchair, with brakes locked and arm rest removed, is placed beside the bed. The nurse instructs the patient to push down on her hands and move her hips over to the side of the bed.

**PICTURE 2:** The nurse stabilizes the wheelchair and stands ready to support the patient at the waist as the patient pushes down on her hands to lift and slide herself into the wheel chair.

**PICTURE 3:** The patient is instructed to move well back into her wheelchair before she places her feet on the foot rests.

**PICTURE 4:** The patient now lifts her legs, one at a time, down to the foot rests. The nurse cautions her to avoid bruising her heels or toes.



*The aim of the Manitoba Rehabilitation Hospital is to provide a program of treatment designed to enable the individual who is physically disabled, chronically ill or convalescing to live and to*

*physically disabled, chronically ill or convalescing to live and to work to his maximum capacity. Every act of the rehabilitation nurse is co-ordinated with the team effort to achieve the treatment goal.*



**The amputee learns how to care for the stump, to cleanse and inspect it frequently. Any abrasions or rashes should be reported to the doctor.**

Photographs  
by  
David  
Portugal



**To assist the patient to practise ambulation, the nurse learns the crutch-foot sequence of the gaits taught by physiotherapists. Ready to support the patient should he lose balance, the nurse walks slightly behind and to the side so that she will not interfere with his ambulation.**



**LEFT: Patients are encouraged to get up and get dressed in the mornings and go everywhere in the hospital on their own. Part of their self-care program is the "serve yourself" policy in the cafeteria. Members of the nursing staff guide patients in their choice of food and carry trays when necessary. The cafeteria staff are also trained to help. Colored food badges worn by patients signify diets ordered by doctors.**

# The Rehabilitation Nurse Goes Back to School

Rehabilitation is possible only if everyone concerned understands the aims of the treatment program, the part he or she plays to achieve those aims, and the contributions made by each of the other treatment departments.

The Manitoba Rehabilitation Hospital leaves none of the nurse's role to chance. A formal course in rehabilitation nursing—believed to be the first in Canada—was established at the hospital in October, 1963. Three courses have already been given and every registered nurse experiences the course as in-service education.

The purpose of the course is to teach the graduate nurse the extra-special skills required for rehabilitation, and to give the nurse the necessary knowledge to understand, appreciate and evaluate the work of the rest of the rehabilitation team. Beginning with the philosophy of rehabilitation and the general principles of rehabilitation nursing, the program consists of lectures, demonstrations, practice sessions, discussions and observation of each specialized service at the hospital. The roster of speakers includes the hospital's medical staff and specialist consultants, the senior nursing staff, representatives of each treatment department and members of the University of Manitoba School of Medical Rehabilitation.

The subjects covered include an anatomical review of the musculo-skeletal and central nervous systems, activities of daily living, speech therapy, social services for the disabled, emotional factors in rehabilitation, nutritional needs, aids to ambulation and the use of special equipment and appliances, including prostheses, braces, splints and casts. Special emphasis is placed on functional positioning, range of motion exercises, skin care and all the problems encountered in the early care of the patient.

Nurses at the Manitoba Rehabilitation Hospital gain a thorough knowledge of the rehabilitation of hemiplegic, paraplegic and quadriplegic patients. They learn what can be done to help patients with arthritis, multiple sclerosis, muscular dystrophy and Parkinson's disease, and they learn how rehabilitation can be applied to amputees, to patients who are neurologically disabled and to the elderly sick.

In recent years rehabilitation nursing has gained increasing



A special technique learned by the nurse is the procedure for bandaging the amputee's stump. Done in such a way that greater tension is applied at the distal portion, bandaging helps shape the stump to fit the prosthesis.



## Bulletin Board

A recent guest at the Sanatorium Board's head offices last month was Mr. Kazysztof Hirszel, a Polish psychologist who for the past seven months has been on a United Nations scholarship tour of Canada and the United States. Mr. Hirszel's work in Poland is connected with a 300-bed rehabilitation sanatorium located about 50 miles outside Warsaw. A special report on this sanatorium will appear in the next issue of the News Bulletin.

\* \* \*

Recent additions to the Sanatorium Board staff include Mrs. Wanda S. Zatlókal, who will be an assistant to our Director of Pharmacy Services. Mrs. Zatlókal, who was born in Warsaw, Poland, has her B.Sc. degree in pharmacy from the University of Manitoba.

To the Manitoba Rehabilitation Hospital we welcome Miss Marjorie J. Pinhey, occupational therapist, Mrs. Nancy Kathleen Tidmarsh, social worker, and Mrs. Jerry Olson, invoice clerk in the business office.

Miss Pinhey was born in Suffolk, England, and has

In recent years rehabilitation nursing has gained increasing prominence in nursing education programs, and the course at the Manitoba Rehabilitation Hospital has attracted wide interest throughout the country. Many inquiries have been received by the hospital's administrators and, in order to meet the demand for instruction, it is planned to extend the rehabilitation nursing course in the near future to applicants from outside the hospital.

**RIGHT:** The nurse learns how to teach patients methods of putting on and caring for braces. Now that she has gained sitting balance, this hemiplegic patient is taught to use a footstool to maintain this balance while putting on a short-leg, foot-drop brace.



**ABOVE:** When transferring a patient with a left hemiplegia from the wheelchair to the bed, the nurse stresses the angle and placement of the chair, locking the wheelchair brakes, support when needed at the waist and, in this case, stabilization of the patient's paralyzed left leg. The patient here grasps the side rail with her unaffected right hand to pull herself up, maintain her balance, pivot and lower herself into the chair.

**RIGHT:** Great stress is placed on passive range of motion exercises which help prevent deformity and maintain mobility of affected parts. The nursing instructor teaches that during abduction-adduction of the upper extremity, the patient's shoulder should not be raised.



**LEFT:** A nurse puts into practice specific procedures to prevent or correct deformities caused by arthritis. These include a bed with firm mattress, bedboards, footboard and specially designed backrest. Resting (gutter) splints are important in the care of arthritis patients.

Sutton, England, and has her diploma from St. Loye's School of Occupational Therapy. Mrs. Tidmarsh, who also comes from England, is a state registered nurse and formerly worked for the VON in Ontario and British Columbia and the Department of Indian and Northern Affairs in Ontario.

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The Sanatorium Board's congratulations are extended to Mrs. V. M. Myers, head nurse at Assiniboine Hospital, who has completed a year of advanced nursing studies at the University of Manitoba.

\* \* \*

The Board is pleased to welcome Fort Churchill General Hospital to our General Hospital Admission X-ray Program. Last year 79 hospitals in Manitoba took part in this important tuberculosis control program, and through their efforts they helped uncover 100 of the 286 new active cases of tuberculosis reported in the province for the year.

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Our appreciation is expressed to a group of Indian musicians from Fort Alexander who entertained patients at the Manitoba Rehabilitation Hospital on August 5. The group was directed by the Rev. Fr. A. Plamondon.