

## MDS Alert

### ACTIVITIES OF DAILY LIVING: Could an Enabler Improve a Resident's Bed Mobility?

A small rail or trapeze could get the resident moving.

Looking for ways to help prevent pressure ulcers, lift mood, and improve quality of life to boot? Give residents the tools to be as independent as possible with their bed mobility.

For example, you can provide a one-eighth rail that hooks on the side of the bed to help residents reposition in bed or to get in and out of bed, says **Cheryl Field, MSN, RN, CRRN**, healthcare specialist with PointRight Inc. in Lexington, Mass.

Tip: If a resident's mattress is soft, "he might need a small siderail to assist him [with bed mobility] due to the ... mattress surface tension," says Field. That's because the soft mattress may make it difficult for him to push down with his hands on the soft surface to position himself. If so, "you'll notice that the person has an easier time getting off a padded table in the rehab gym," says Field. (In that case, you might also check into providing the resident a firmer mattress.)

Litmus test: When using any device attached to the side of the bed, "always assess" whether the person can use it to improve his or her independence, advises Field. And determine whether the device acts as a restraint, which might be the case if it blocks the person's vision so he can't see the hallway when he's resting, she says. "That could act [as a psychological restraint] if the person can't see people as they come by and begins to feel socially isolated." Also "if someone is afraid of a device and doesn't use it, he or she could choose to remain still in the bed," Field adds.

But "if the person emotionally feels better getting out of bed with a tiny rail next to him," which he uses when transferring, then it's not a restraint, says Field. You have to continue to do this assessment over time, as the resident's condition and abilities could change.

Evaluate Whether a Trapeze Could Be the Answer

A resident with sufficient strength may be able to use a trapeze to position himself in bed. You can also "put up a trapeze to help someone develop upper body strength," Field says. For example, "someone with a spinal cord injury has to have huge upper body strength."

Keep in mind: "The size of the trapeze affects different muscles," Field notes.

A smaller trapeze will work on shoulder muscles but not so much the person's back, she adds. And since "there are different types of trapezes, it's a good idea to have a physical therapist help the team think through which one is best for the resident given the underlying limitations in range of motion in his or her back or shoulders," Field counsels.

Pressure-ulcer prevention tip:

Make sure the resident with a trapeze on their bed can use it "without dragging himself across the bed surface," advises **Carol White, RN, MS, ANPC, GNPC, DNP, CLNC**, principal of NationalHI Inc. in Huntington, Ind. If the person has had the trapeze for some time, he may have deteriorated and not be able to use it safely and effectively, she cautions.

And "this puts him at higher risk for a shear injury."