REHABILITATION SERVICES

Rehabilitation Services

The role of Rehabilitation Services in the care of the bariatric resident should be consistent with the usual clinical decision-making process used for all therapy services. However, there are certain areas of evaluation and treatment that may require different considerations. The following points are above and beyond the standard care and assessment that would be provided:

Rehab Considerations

1. Request the assistance of another person or collaboration of another professional when performing evaluation of treatment for safety of the resident and the therapist when attempting mobility (Rehab tech, CNA, Nurse, Therapist, etc.).
2. Ensure the evaluation includes a careful examination of the skin integrity, sensation/neuropathies, and activity tolerance.

   Evaluation may include the mobility transfer screen and the Egress Test.
3. Assess the capacity of structural objects such as parallel bars, mat tables, or weight-bearing assistive devices, if used in therapy.

Mobility

1. The center of gravity for the bariatric resident may be significantly anterior than usual. Therefore, when moving to sit at the edge of the bed, do not "log roll" into side lying to sit, as this may result in the resident rolling off the bed. Suggested safer approaches include:
   - Lower the bed as near to the floor as possible in an attempt to level the thigh (knee is at the same height as the hip joint for support). If the bed is able to move into a seated position, use the equipment to help move the resident to sitting. Once the resident's foot can reach the floor and the thigh is level, assist them in sitting up. If possible, it is optimal to give the resident a structural support to pull themselves up to sitting.
2. Facilitating a scoot forward in the wheelchair is different with the bariatric resident if addressing sit to stand. Suggested approaches include the following:
   a. Roll a bed sheet and drape across the resident's buttocks at the point where the seat surface contacts the resident.

   b. Have the resident cross their arms and extend their head/neck to move their chin up to face the ceiling.

   c. Gently draw the sheet forward to assist the resident's pelvis to glide forward, careful to guard the knee to prevent too much forward motion.

3. Use the Egress Test to screen for mobility if a bariatric resident is able to stand but the therapist is unsure of their ability to ambulate.
    a. A trial of ambulation may be appropriate if the resident is able to complete this screen successfully without major rest breaks.
    b. As always, the mobility progression is up to the clinical decision-making process of the therapist.
    c. The physical composition of a bariatric resident may vary, and different pieces of specialized adaptive equipment may be needed. Refer to the bariatric equipment form for assistance on options.
    d. Use the bariatric transfer matrix located in the program to assist the therapist in the equipment decision process for correct equipment in a specific transfer situation.

Wheelchair Prescription

The following are special considerations when fitting a bariatric resident for a wheelchair. In addition, the principles of wheelchair prescription may also be different, due to the different distributions of the center of gravity.

1. Ensure resident is on a hard surface with the high level as described above and dressed, including shoes, as they would be every day.
2. Measure from the back of the heel to the underside of the knee (a cushion adds to the height) to determine the height of the seat. In general, residents who do not ambulate may benefit from a lower chair, so they can reach the wheel more easily. An ambulatory resident may want a higher seat to assist with transferring.
3. Measure the back of the buttocks to within 1–2 inches of the back of the knee to measure seat depth.
4. Measure the widest part of the resident in a sitting position for width.
5. Ensure the height of the backrest falls about mid-scapula.
6. Ensure the armrest supports the forearm with the elbow bent at a 90-degree angle to the seat.

Exercise Participation

Initiate a home exercise program or recommend a restorative program in the beginning parts of treatment to increase resident activity and augment gains made in therapy.