

GOAL BANKS

Transfers

LTG: By discharge, pt will transfer bed<>WC and sit<>stand from bed, bedside chair and dining room chair modified independent with RW

STG: In 2 weeks, pt will:

1. Perform stand pivot transfer bed<>WC with CGA and < 3 VCs for sequencing and safety
2. Transfer sit<>stand from surfaces > 24" in height without use of UEs with SBA and < 3 VCs to bring COG over BOS

Ambulation

LTG: By discharge, pt will ambulate 150 ft with standard cane and supervision on carpeted and tile/linoleum surfaces with reciprocal gait pattern and no LOB

STG: In 2 weeks, pt will:

1. Ambulate 100 ft with RW and CGA with equal step length and heel strike and < 2 LOB requiring min A or less to correct
2. Improve dynamic standing balance to fair (CGA during active movement in standing) to allow for progression to cane for ambulation to/from facility dining room
3. Increase L hip abductor strength to 4-/5 to improve pelvic stability during single leg stance to be able to ambulate without Trendelenburg gait

Other goals

- In 3 weeks, pt will ambulate up/down 3 stairs with one rail and step-to gait pattern with CGA and < 3 VCs for sequencing and safety to be able to enter/exit daughter's home
- In 2 weeks, caregiver will demonstrate independence with assisting pt on/off toilet with elevated toilet seat and grab bar
- In 2 weeks, pt will transfer bed <> WC via stand pivot transfer with CGA and equal weight bearing B LEs with 1-2 VCs for safety

Sample Balance Goals by Impairment Type

Vestibular

LTG: In 4 weeks, resident will demonstrate mod (I) bed mobility, bed/wheelchair transfers, gait w/ FWW 100' to dining room, LB dressing and clothing retrieval with 0 falls and use of compensatory strategies to accommodate for episodes of vertigo w/ balance loss

STG: In 2 weeks, resident will:

1. Roll from supine to R side lying to sitting EOB with use of side rail and min (A) to facilitate trunk rotation and use of compensatory strategies to accommodate for episodes of vertigo 75% of the time in preparation for safe bed/wheelchair transfers
2. Walk 100' through busy hallways to the dining room w/ FWW and 25% verbal cues for use of compensatory strategies to identify, locate and track moving objects and safely maneuver around obstacles in gait path for reduced fall risk
3. Perform LB dressing w/ min (A) use of adaptive equipment and 25% verbal cues to utilize compensatory strategies to avoid dizziness and decrease episodes of loss of balance due to bending forward and changing positions too quickly
4. Retrieve clothing from closet using FWW and SBA with 25% verbal cues to utilize compensatory strategies and environmental modifications to prevent the onset of vertigo due to looking up to decrease risk of falls during ADLs

Somatosensory

LTG: In 4 weeks, resident will be (I) transfers, ADLs and gait w/ FWW 500' throughout facility with 0 episodes of balance loss utilizing strategies to compensate for visual impairment, (L) extremity sensory loss and (L) lateral balance loss

STG: In 2 weeks, resident will:

1. Walk 300' w/ FWW and (CGA) throughout facility to activities and meals, negotiating ramps, carpeting and wooden floors w/ use of compensatory strategies to identify/avoid environmental obstacles and utilize balance strategies to increase safety and decrease risk of falls
2. Walk 100' from room to dining room for meals w/ CGA and 25% verbal cues to visually scan and safely use red/white cane to sweep environment for obstacles to increase safety and decrease risk for falls
3. Perform LB dressing w/ min (A) and 25% verbal cues to utilize compensatory strategies (e.g., turn head to (L), use Velcro fasteners on shoes/pants) for left side neglect and (L) UE sensory loss
4. Transfer bed to wheelchair w/ min (A) and use of tactile feedback to ensure wheelchair brakes are locked and foot pedals are swung open prior to transfer to decrease risk for falls and compromised skin integrity
5. Walk 300' to dining room for meals w/ appropriate recall and sequence of directional turns w/ CGA and verbal prompts at decisions points (e.g., Do we go left, right or straight to get to the dining room?)

ROM/Strength

LTG: In 4 weeks, resident will achieve 3+/5 strength (B) hip flexors/extensors, hip extension ROM 0-20° and dorsiflexion ROM 0-15° in order to safely perform hip and ankle strategies for 0 episodes balance loss during gait, transfers and standing ADLs in preparation for DC home

STG: In 2 weeks, resident will:

1. Transfer bed to wheelchair w/ min (A) through use of anterior pelvic tilt and weight-shift w/ < 115° hip flexion prior to pushing up to properly obtain center of gravity over base of support to decrease risk of falls during transfers
2. Walk 300' up/down ramps w/ FWW and CGA w/ 3+/5 dorsiflexor strength and 15° active dorsiflexion ROM to appropriately execute an ankle strategy to prevent LOB during gait to dining room for meals
3. Stand at sink x 10 minutes w/ min(A) to perform ADL/grooming w/o LOB or falls through appropriate use of hip strategy as enabled by 20° hip extension and 30° hip flexion ROM and 3+/5 strength (B) hip flexors/extensors

Pain Management

LTG: By discharge, pt will complete total body dressing and grooming independently in 20 min from an ambulatory level, using adaptive strategies with c/o pain at $\leq 2/10$

STG: In 2 weeks, pt will:

1. Perform overhead dressing tasks with min A using B UE, with c/o pain $\leq 5/10$ (baseline was 7/10) and ≤ 2 VC for use of adaptive strategies
2. Complete grooming tasks in 15 min with SBA at sink without signs/symptoms of fatigue and with c/o pain $\leq 5/10$

LTG: By discharge, pt will complete light housekeeping tasks independently using a walker, reacher and pacing/joint protection techniques

STG: In 2 weeks, pt will:

1. Make bed with CGA using walker with ≤ 2 VC to incorporate energy conservation/work simplification techniques during tasks
2. Perform simple hot meal prep with CGA using walker and reacher and incorporating joint protection strategies during tasks without VC

LTG: By discharge, pt will ambulate 150+ feet on carpet and tile with RW mod (I) with step-through gait pattern, equal stance time and no LOB

STG: In 2 weeks, pt will:

1. Ambulate 50 feet with RW and CGA, WBAT R LE with $< 4/10$ pain in R knee
2. Improve dynamic standing balance to fair (CGA during active movement in standing) to increase safety with ambulation and decrease risk for falls

Dementia: Splinting

Late Stage:

LTG: In 3 wks, patient will wear resting hand splint 4 hours on and 4 hours off w/o redness or skin breakdown to prevent contractures

STG: In 2 wks, patient will:

1. Increase PROM of wrist extension x 10 degrees through use of resting hand splint to reduce risk of a fixed flexion contracture
2. Safely wear resting hand splint for 2 hours w/o development of skin redness or breakdown following soft tissue mobilization techniques

Dementia: Positioning

Late Stages:

LTG: In 2 wks, through use of assistive devices, patient will sit in upright anatomically correct position in w/c in order to be fed safely 3 meals per day

STG: In 5 sessions, patient will:

1. Sit in upright midline position using [®] lateral w/c arm bolster for 1 hour in order to be fed safely 2 meals per day
2. Achieve 1 hour upright body alignment w/device for neck support to facilitate safe swallow

LTG: In 3 wks, patient will sit upright in w/c in anatomically correct position for 4 hrs given max (A) by caregivers to use positioning devices to reduce risk of falls and prevent skin breakdown

STG: In 2 wks, patient will:

1. Sit upright in w/c in anatomically correct position using lateral trunk support and w/c cushion for up to 2 hrs to participate in functional tasks as assisted by trained caregivers
2. Sit in upright, midline position using (type of) w/c cushion for 2 hrs without reddened pressure areas or signs of pain/discomfort

Dementia: Functional Mobility

Early Stage:

LTG: In 4 wks, patient will safely and consistently ambulate to/from meals 100 ft, 3x/day with supervision for safety in ALF setting

STG: In 2 wks, patient will:

1. Ambulate 50 ft. w/o falls or loss of balance when changing from even to uneven surfaces with 25% VCs regarding surface change
2. Require 25% verbal and tactile cues to safely utilize handrail with no episodes of balance loss when ambulating from bedroom to dining room

Middle Stage:

LTG: In 3 wks, patient will require min (A) to ambulate to/from dining room 100 ft for 1 meal/day using RW without loss of balance with min VCs for walker placement from trained staff

STG: In 2 wks, patient will:

1. Pt will independently self-correct during dynamic standing balance activities with center of mass over base of support 3 out of 5 times to reduce fall risk
2. Self-propel w/c using LEs 100 ft 2x/day to/from dining room given VCs 50% of the time to initiate task

Late Stage:

LTG: In 3 wks, patient will require mod (A) and 50% VCs to perform bed mobility skills

STG: In 1 wk, patient will:

1. Require max (A) to roll bilaterally using bedrails in order for staff to complete hygiene tasks
2. Perform supine to sit at edge of bed with max (A) 1 caregiver and 100% VCs

Activities: Positioning

LTG: In 4 weeks, patient will achieve 90 degree upright sitting posture while seated in standard w/c w/lateral supports for up to 45 mins to increase participation w/functional activities

STG: In 2 weeks, patient will:

1. Achieve 20 minutes of upright sitting at 90 degree angle w/mod A
2. Sit at 90 degree angle in standard w/c w/lateral supports to participate in activities for 10 minutes after set-up
3. Verbally identify correct/incorrect alignment and devices needed for correct positioning w/85% accuracy
4. (I) weight shift on unsupported stool to relieve pressure on sacrum to participate in activities of interest w/o A

Activities: Functional Mobility

LTG: In 4 weeks, patient will demo ability to safely and consistently ambulate on all surfaces up to 50 ft w/CGA w/o device in order to attend functional activities of choice

STG: In 2 weeks, patient will:

1. Use hand rails and protective extension given VsC 50% of time from trained staff to reduce LOB and falls
2. Complete bending and carrying activities w/min A to increase balance for gait
3. Transfer w/min A 1x in 2 hrs to demo < 3 outbursts in 2 hours to increase appropriate behavior for socialization tasks
4. Safely climb up/down foot stool w/min A using counter for support to reach overhead for cupboard items

Bed Positioning

LTG: In 10 sessions, pt will achieve and maintain good anatomical alignment in supine and side lying positions for 6 hours with use of positioning devices without s/s of pressure areas to promote adequate hygiene

STG: In 5 sessions, pt will:

1. Use triangular wedge placed behind bilateral knees while supine and side lying for 3 hours w/o skin breakdown or c/o pain to reduce bilateral knee flexion contractures and allow for adequate hygiene
2. Achieve side lying position in bed 2 hours each nursing shift through use of lateral wedge behind trunk to eliminate sacral redness and development of skin breakdown on buttocks
3. Exhibit 0/10 pain when positioned supine in bed using a hip abduction bolster to prevent contracture development and allow adequate perineal hygiene

Splinting

LTG: In 2 weeks, pt will achieve normal anatomical alignment of ® dominant wrist and fingers for 4 hours through use of resting hand splint w/o s/s of redness, swelling or c/o pain to maintain fxnal ROM to complete grooming/hygiene

STG: In 1 week, pt will:

1. Exhibit improved skin integrity and hygiene as noted by absence of odor and maceration between digits
2. (I) don and doff splint using 2 hours on/2 hours off schedule, complete skin check and perform self-ROM
3. Increase functional ROM of wrist to 45 degrees to facilitate (I) functional grasp of utensils for self-feeding

Wheelchair Positioning

LTG: In 2 weeks, pt will sit upright in standard w/c for 4 hours w/ use of adaptive equipment for correct anatomical alignment w/o sliding or c/o discomfort in order to self-feed 3 daily meals

STG: In 1 week, pt will:

1. (I) self-feed after set up w/ use of ® lateral w/c arm bolster to achieve midline position
2. Exhibit 90 degrees hip, knee and ankle flexion in sitting position w/use of wedge cushion and leg buddy in order to prevent sacral sitting, improve comfort and eliminate fall risk

Additional Positioning Goals

- In 2 weeks, through the use of a w/c drop-seat, wedge cushion, and removal of leg rests, pt will (I) propel w/c using LEs 150' to the dining room
- In 10 sessions, pt will report 0/10 RUE pain with RUE positioned in an arm trough to inhibit severe flexor tone and prevent contracture development while sitting in w/c 6 hours daily
- In 1 week, pt will demonstrate .5cm edema reduction in dorsum of hand with absence of pitting through use of inclined wedge and self-initiated retrograde massage w/o s/s pain or discomfort
- In 1 week, pt will sit in a geri-chair two hours daily utilizing solid back insert and knee abductor wedge for extensor tone inhibition and prevention of skin breakdown in order to attend daily activities programs
- In 8 sessions, pt will achieve upright posture while seated in wheelchair with use of solid seat insert and lateral supports for 30-35 minutes during all meals to ensure proper position for safe swallowing/food consumption
- In 2 weeks, pt will use chin tuck strategy 90% trials with all liquids/solid intake to reduce aspiration while seated with 90 degrees hip, knee and ankle flexion in reclining w/c

- In 3 weeks, pt will use upright body alignment with device for neck support to increase oral retention of all oral intake to 80% given verbal cues 50% of the time
- In 2 weeks, pt will utilize upright trunk extension and posterior chin tilt to improve speech intelligibility to 80% at phrase level
- In 2 weeks, pt will achieve 4 hours out of bed/out of room in w/c with ® lateral support and gel cushion to participate in facility BINGO activity
- In 2 weeks, through use of (L) lateral support while seated in w/c pt will inhibit abnormal flexion posture for 2 hours to participate in facility craft activity
- In 3 weeks, pt will facilitate normalized tone by weight bearing through ® UE w/use of clear hemi lap tray in w/c prior to using ® UE as stabilizing assist during grooming

Fall Mgmt: LTG: In 4 weeks, patient will demonstrate (I) bed mobility, bed/wheelchair transfers, gait w/FWW 100' to dining room, LB dressing and clothing retrieval with 0 falls and use of compensatory strategies to accommodate for episodes of vertigo w/balance loss

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