

Sample Maintenance Goals

- Resident will demonstrate increased active R shoulder flex and abduction to 140 degrees with pain <2/10 in order to complete UB ADL independently.
- Resident will demonstrate pain <2/10 R shoulder in order to push off from surface and allow for independent transfers.
- Following e-stim application, resident to demonstrate pain <2/10 in order to complete ADL routine.
- Resident will transfer safely Bed<>Wheelchair with supervision assist and 100% compliance with NWB R LE to improve safety with transfers.
- Caregivers (nursing staff and resident's family) will be able to demonstrate proper transfer techniques Bed<>Wheelchair with NWB R LE Independently to reduce risk of falls.
- Resident will ambulate room<>dining room (150') with wheeled walker with modified independence.
- Resident will transfer bed<>chair with minimum assist while maintaining full weight bearing support of B LE.
- Through retrograde massage and manual therapy, resident will maintain edema at 1+ or less in order to complete mobility to/from dining room.
- Resident will walk 100' with FWW with S and ≤ 2 verbal cues to maintain NWB status on LLE on even surfaces in order to attend the dining room for meals.
- Resident will utilize sock aid and reacher to don LB clothing from the bed edge with S and ≤ 2 verbal cues to maintain hip precautions LLE.
- Resident will require 50% verbal cues and supervision from trained staff in order to maintain NWB status during ADL.
- Resident will ambulate from room<>dining room (75') with supervision while maintaining upright posture.
- Resident will display ability to self-correct posture while ambulating to improve ability to manipulate wheeled walker safely.
- Resident will maintain posture during mobility and ADL tasks with 50% verbal cues for visual strategies and education regarding proper posture.
- Following manual relaxation techniques, resident will demonstrate 90 degrees R elbow extension with use of elbow extension splint according to 4 hour wear schedule with no complaints of pain or areas of redness.
- Staff to correctly apply R elbow extension splint according to wear schedule with 100% return demonstration.
- With environment set-up, resident to complete morning ADL routine in distraction-free environment with 5 VCs for initiation and max A from trained caregiver.
- Pt. will follow 1 step verbal instructions as presented at a slow pace by trained caregivers to perform grooming routine.
- Following tone reduction, resident to sit in wheelchair with LEs in neutral for 2 hours to participate in functional tasks

- Staff to correctly wheelchair leg rests with padding according to written positioning program with 100% return demonstration.
- Resident will safely swallow nectar thick liquids for primary hydration needs given max A from trained staff
- Staff will thicken liquids to appropriate nectar thick consistency for meals and medications with 100% return demonstration.
- In 2 weeks, caregivers will demonstrate proper body mechanics and recall appropriate verbal cues for resident to maintain NWB L LE during transfers Bed<>Wheelchair
- Pt able to amb 200' w/ RW and SBA of caregiver/aide to facility dining room for meals in 1 week.
- Caregiver will independently perform PROM and stretching of B LEs demonstrating proper body mechanics and technique in 5 visits to maintain patient's ROM and flexibility sufficient for bathing & hygiene, and to facilitate donning & doffing of LE clothing.
- Pt will perform home program to maintain vocal volume and retard further dysarthria w/cues from wife in 3 visits to allow pt to express basic wants & needs independently.
- In 2 weeks, pt able to perform compensatory swallow strategies (*describe specific strategy*) (I) as per written maintenance program to ensure continued safe oral intake.
- Caregiver able to perform UE compression bandaging independently per written instructions to manage lymphedema of patient's R UE in 1 week.
- Pt will maintain AAROM R shoulder at 110° flexion, 90° abduction, 45° ER, 60° IR, and R elbow AAROM 0° to 130° in 8 weeks to facilitate UE function upon fracture union.
- In 2 visits, pt to be (I) w/ use of home TENS unit to control cervical pain and headaches.
- In 4 weeks, ↓ frequency of headaches to ≤ 1/week w/ pain level ≤ 5/10 to promote (I) w/ cooking & light housework.
- In 90 days, pt will c/o ≤ 1 headache every 3 weeks w/ pain level ≤ 4/10 to allow continued independence w/ cooking, laundry, and light housework.