

Professional Practice Notice

(page 1 of 2)

For the information of:
Allied Health Providers and Leaders

Restraint as a Last Resort in the Context of Occupational Therapy and Physiotherapy Practice

A policy sets out the organization's position on a specific subject. It establishes minimum requirements/expectations and provides a common frame of reference and direction. Procedures provide step by step information necessary to fulfill requirements set out in a policy.

The Alberta Health Services [Restraint as a Last Resort Policy](#) (2018) provides direction on, "the use of restraint based on the principle of restraint as a last resort and the practice of least restrictive restraint to guide safety-related care decisions" (Restraint as a Last Resort Policy Objectives, page 1). Refer to the policy and procedures for further information not provided in this Professional Practice Notice (PPN).

While the policy is comprehensive and addresses a wide range of practice areas, this PPN is meant to support occupational therapy and physiotherapy practice more specifically. Frequently Asked Question (FAQ) documents are available on Insite, providing additional support in the interpretation of the policy as clinical questions arise. The policy and procedures will undergo a review, based on feedback and clinical questions arising from the first phase (Year one) of implementation. For policy inquiries or feedback, email: policy@ahs.ca.

Restraint is defined in the policy as "**any measure used to limit the activity or control the behavior of a patient or a portion of their body**" (Definitions, page 6). Furthermore, the policy indicates "restraint shall be used only in circumstances where there is an immediate threat to safety; the client demonstrates severely disruptive behavior; the patient is unable to cooperate (e.g., ICU care, severe cognitive impairment); and/or the restraint is a necessary part of the patient's treatment plan (e.g., lap belts on wheelchairs)" (Principles, page 2).

The policy describes four types of restraint: pharmacological, environmental, mechanical and physical restraints. This PPN will focus on **mechanical restraints** because of the common intersection with physiotherapy and occupational therapy practice. Mechanical restraint is defined as, "**any device, material, or equipment attached to or near a patient which cannot be controlled or easily removed by the patient and which prevents a patient's free body movement and/or a patient's normal access to their body**" (Types of Restraint, page 4).

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(page 2 of 2)

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Occupational therapists and physiotherapists provide interventions that involve mechanical devices, often referred to as 'positioning devices'. Providers must use clinical reasoning, clearly identifying the intent of a mechanical device to determine if the effect is restraint.

Occupational therapists and physiotherapists, as regulated healthcare providers, do not require a physician/nurse practitioner order to provide services. However, program and service standards exist in some practice settings that may indicate a physician order to initiate a service or communicate the reason for referral. Through collaborative practice, therapists communicate with and develop treatment plans based on input from other team members including the client, family, nursing, physician and allied health professionals.

Mechanical devices may or may not be used as restraints. The same clinical considerations apply in both circumstances:

- Comprehensive assessment and re-assessment, client-centred goal setting, informed consent, collaborative treatment planning, implementation, monitoring and evaluation. *For example, the goal may be to wean the client off of a positioning device if their condition improves, just as eventual elimination of a restraint is part of the treatment plan.*
- Clinical documentation of assessment, treatment plans and outcomes.
- Client and family education regarding the use of a mechanical device.

Non-restraint mechanical devices may be used for the purpose of:

- promoting function
- enabling occupation
- promoting healing
- preventing contracture
- reducing the risk of other complications (e.g. skin sheering/ breakdown)

A mechanical device may have the effect of restraint due to:

- Cognitive impairment (memory loss, confusion, decreased judgement)
- Communication impairment (difficulty asking for assistance, difficulty understanding)
- Environmental factors (e.g. available social supports, physical environment)

These factors influence the individual's response to a mechanical device. Therefore, clinical decision-making involving comprehensive assessment, re-assessment and team collaboration are important for occupational therapy and physiotherapy practice.