

CENTRAL STATE HOSPITAL  
POLICY

SUBJECT: ADAPTIVE SUPPORTIVE

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ANNUAL REVIEW MONTH: OCTOBER

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RESPONSIBLE FOR REVIEW: CHIEF MEDICAL OFFICER

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LAST REVISION COMPLETED: FEBRUARY 2008

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**I. Policy Statement:**

It shall be the objective of this facility to utilize the least restrictive device(s) most appropriate to each client in their assigned living area. Adaptive Supportive intervention is the use of a device to meet the assessed need(s) of a client who requires adaptive support (postural support, orthopedic appliance, etc.) and/or protection from accidental injury unrelated to behavior. The need(s) of the client are assessed with the objective to improve their physical functioning. This policy promotes the provision of treatment in a safe and secure environment based on the use of a device that prevents accidental injury and/or compensates for muscular or skeletal weakness and assist clients in assuming or maintaining optimal posture. Use of adaptive supportive devices will comply with appropriate federal and state laws and applicable certifying regulations and guidelines.

**II. Purpose:**

This policy is to provide guidance for the use of devices for the external support of the clients to carry out daily living activities in the most independent least restrictive manner possible free from injury as related to their physical functioning and limitations. The adaptive supportive device(s) enhances the client's independent functioning. Examples include: postural supports, lapboards, orthopedic appliances, and bedrails that are used for transferring.

**III. Applicability:**

This policy is applicable to the Psychiatric Treatment & Forensic Services (PTFS), and the Developmental Disabilities Services (DDS).

**IV. Definition:**

Adaptive Supportive: Interventions restricting movement that are used to meet the assessed needs of a client who

requires mechanical support to achieve proper body position, balance or alignment so as to allow greater freedom of mobility that would be possible without the use of the device. These interventions consist, principally, of orthopedic or supportive appliances that compensate for muscular or skeletal deficits and assist the client in assuming or maintaining a more normal posture.

**V. Requirements:**

A. Medical:

A physician is to reassess the client and write new physician's order every thirty (30) days in PTFS. DDS requires assessment of the client and a physician's order every sixty (60) days. A signed consent for utilization of the device (s) is required from the client and/or family in all nursing facilities. Consent for utilization of the device will be verified.

B. Nursing:

The client is to be assessed/reassessed based on the needs of the individual. The client will be checked each shift while in use to assure proper fit and use of device(s). The client is assessed as defined by each service area developed policy and procedure.

C. Team:

Alternatives/less restrictive device(s) will be explored/discussed during quarterly team reviews in skilled nursing facilities, during annual reviews in all other areas, or as clients condition warrants change with actions taken as indicated.

D. Documentation:

1. A physician's order written every thirty (30) days, or every sixty (60) days in DDS.
2. A progress note will be written every thirty days and the utilization of the device will be incorporated into the individualized treatment plan.
3. Initially, annually, and as the clients condition warrants documentation within the ISP/IPP will be written supporting device(s) as the least restrictive, most appropriate measure to meet the needs of the client. Any alternative(s)/device(s) ruled out as applicable will be documented.

E. Reporting Mechanism:

The number of clients and the number of devices and type will be reported every thirty (30) days to the Information System and Performance Evaluation Department.

**Approved:**

**This policy was approved by the CMO and CEO in April 2008.**