

Back Pain and Activity

A common myth about back pain is that you need to rest and avoid activity for a long time to give the injury time to heal. In fact, doctors do not recommend bed rest beyond a couple of days for symptom management. If you have no sign of a serious cause for your back pain (such as loss of bowel or bladder control, weakness, weight loss, or fever), stay as active as possible.

- Stop unnecessary physical activity for only the first few days. Rest helps calm your symptoms and reduce inflammation.
- Apply ice to the painful area for the first 48 to 72 hours to reduce swelling. Switch to heat therapy for the next several days as needed to relax spastic muscles.
- Take over-the-counter pain relievers. A doctor may prescribe a muscle relaxant.
- Sleep on your side, in a curled-up fetal position with a pillow between your legs to align your hips. If you usually sleep on your back, place a pillow or rolled towel under your knees to relieve pressure.
- Do not perform activities that involve heavy lifting or twisting of your back for the first six weeks after the pain begins. ➔



Avoiding Caregiver Injuries

Being a caregiver for a frail or bedridden patient requires assisting the person with ambulation, positioning, and transfers. If not performed with great care, these tasks can cause you serious back and neck injuries, and potentially injure the person receiving assistance as well. Muscle strains are common in nursing and caregiving professions, but they can be avoided by taking safety precautions.

Preparation

Before taking action, review the patient's plan of care and consider the task at hand. Think about what you are capable of, what assistance you might need, and to what degree the one in your care can assist you. Never attempt to move or lift a person or object heavier than you can reasonably handle.

- Explain to the patient what you are about to do; a person who is startled or confused may naturally pull away from the direction you are trying to take them.
- When planning on the space you need to move, pivot, or transfer, allow for more space than you think you need. Move any tripping hazards such as clutter, throw rugs, or excess furniture.
- Have all needed equipment ready, such as a transfer belt, chair, wheelchair, commode, or Hoyer lift. If transferring to or from a bed or assistive device with locking brakes, make sure the brakes are engaged.

Hope Hospice, Inc.
6377 Clark Ave., Suite 100
Dublin, CA 94568-3024
(925) 829-8770

HopeHospice.com

LEADERSHIP TEAM

Jennifer Hansen
Chief Executive Officer

Satu Johal
Chief Financial Officer

Jatinder Pal Singh Marwaha, MD, HMDC
Medical Director

Kuljeet Multani, MD, HMDC
Associate Medical Director

Kshitija Kari, MD
Associate Medical Director

Arlene Baldwin
Director of Grief Support Services

Gia Barsell
Manager of Dementia Services

Delinda Brown
Director of Outreach

Maria Iglesias
Chief of Human Resources

Kathy Nouri, RN, BSN, MPH
Chief of Quality Compliance

Marc Rovetti, CFRE
Director of Philanthropy

Kendra Strey
Director of Communications

Nikki Tildesley
Manager of Volunteer Services



Some content is licensed from CareTrust Publications. All rights reserved. ©2023.

Community-based and non-profit, Hope Hospice is accredited by The Joint Commission, certified by Medicare and Medicaid, and is a member of the National Hospice and Palliative Care Organization and National Partnership for Hospice Innovation.



Avoiding Injuries (continued from page 1)

Body Mechanics

The proper use of our bodies is called *body mechanics*. It involves standing and moving in ways that prevent injury, avoid fatigue, and make the best use of strength. When you learn how to move, control, and balance your own body, it's easier to help move another person.

- Create a base of support by standing with your feet 8 to 12 inches apart with one foot a half step ahead of the other.
- Bend your knees slightly.
- Keep your spine in a neutral (normal arch, not stiff) position while lifting.
- Use your leg strength instead of your back to do most of the work—leg muscles are stronger than back muscles.
- Pivot your whole body instead of twisting only your trunk.
- Always wear supportive, closed-toe shoes with good shock absorbing soles. ➤



MEMORY CARE TIP

Any time a person with dementia resists you, consider whether they understand what you want them to do and whether they feel safe. **Fear and confusion are often the causes of resistance.** During transfers, people may feel more vulnerable and may resist out of fear of not knowing where they are going. Take time to slowly explain what you are about to do before attempting to move a patient. If you feel resistance, do not force the person. Stop and again explain what is happening.

Injury-Prevention Practices

Keeping yourself in good physical and emotional/mental health is essential and helps you provide the best care to patients.

- Maintain a healthy weight to ensure freedom of movement and to protect your joints and cartilage.
- Regularly stretch your entire body before and after your shift.
- Monitor your stress level. Enduring chronic external stress makes you more prone to physical injury, illness, brain fog, and exhaustion.
- Practice good posture. No slumping! Avoid “tech neck” caused by too much time looking down at your cell phone or e-reader. Slightly suck in your stomach to keep abdominals tight, which transfers muscular work from your back to your core.

Back-Strengthening Exercises

A good back routine will take time to take effect. Stick with it—even after your back feels stronger.

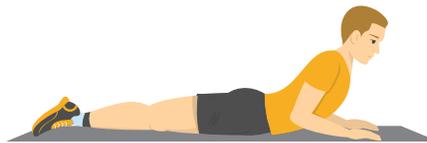
Hug Your Knees: Lie on your back with knees bent and soles on the floor. Use your arms to hug one knee at a time to your chest. Repeat 10x each knee.



Flatten Your Back: Lie on your back with knees bent. Take deep breaths as you tighten your abdominal muscles and press the small of your back into the floor. Hold to a count of 15 as you breathe deeply. Repeat 3x.



Chest Lift: Lie on your stomach in a relaxed position. Put your hands palms down at chest level and raise your head and chest from the floor. Breathe and hold this position for a count of 25. Repeat 3x.



Cat-Cow: Borrowed from yoga, this floor pose on all fours alternates between flexion and extension of spine. On the inhale, soften the belly while slowly pushing the sternum and ribs forward; the neck remains in line with the upward direction of the upper spine. On the exhale, lower the head and neck while the spine rounds. Repeat 10x. ➔



QUICK QUIZ

Read the issue and answer True or False to the questions below.

1. For a back injury, bed rest is recommended for six weeks.
True or False
2. Before attempting to move/transfer a patient, clear the area of tripping hazards.
True or False
3. During transfers, people may feel vulnerable and may resist out of fear of not knowing what’s happening.
True or False
4. Proper body mechanics involves locking the knees to create a solid base.
True or False
5. Practicing good posture includes maintaining a neutral spine without slumping.
True or False
6. When moving a patient, if you feel resistance, you must physically overcome the person so that they do what you need.
True or False
7. Once you notice that your back has improved from strengthening exercises, you can discontinue the routine.
True or False
8. Agitation is a precursor to aggression.
True or False
9. Even small changes to the daily routine can cause a patient to become agitated.
True or False
10. Your leg muscles are stronger than your back muscles.
True or False

Find the quiz answers at the bottom of page 4.

Avoiding Patient Aggression

Injuries from overexertion may be more common, but they're not the only way a caregiver can get hurt on the job. A patient can directly injure the care provider; when it happens, it comes as quite a shock.

A patient living with dementia likely has or will have trouble processing information—both what's coming into the brain (their observations) and what's *trying* to come out (their speech). Because of these deficiencies, the person can't always verbally communicate a fear or need or that they're in pain. Here's an example scenario:

Esther has mid/late stage dementia and needs help with daily activities. Caregiver Judy is rushing through Esther's morning dressing routine and inadvertently causes pain to Esther's shoulder. With her only free hand, Esther scratches at Judy's arm, then tries to slap Judy in the face.

Why did this happen? Firstly, Judy should not have been rushing, no matter the reason. She should have gone slowly and explained to Esther what she was doing before starting the task. The second part of the lesson here has to do with Esther's declining verbal abilities. She has increasing difficulty speaking (ranging from word loss to extreme stuttering), a problem that worsens when she's stressed. Her aggression toward Judy was not personal; she was trying to communicate her pain in the only way she could.

Agitation is a predecessor to aggression

It's unlikely that a patient would physically lash out without warning. There are usually signs of agitation before an aggressive outburst occurs.

A person who is agitated may ignore someone who is speaking to them or resist routine activities like eating or bathing. Agitation can also present as anxious behaviors,

such as pacing and fidgeting. There's always the chance that a person is simply having an off day. But usually, something in the body, environment, or routine needs to be addressed.

When you first observe signs of agitation, check these common culprits:

- Is the patient in any pain?
- Do they need to use the bathroom?
- Is constipation or a UTI possible?
- Is their clothing uncomfortable or their incontinence pad soiled?
- Are they hungry/thirsty?
- Any alteration to routine can be problematic, such as irregular sleep, mistimed meals, too much noise/activity, or a change in who is providing care and how they do it (for example, changing the order of daily tasks or method of bathing assistance). ➔

Senior-Care Education

Hope Hospice is committed to helping our community offer the best care to seniors. Our experts are available to present complimentary educational seminars to professionals in the medical field and to the public. If you oversee a team of care providers who would benefit from a refresher on such topics as hospice, best practices in dementia care, or any of the other



subjects listed at right, please connect today to discuss your needs. We can tailor certain lectures to the layperson and conduct seminars for residents of senior living communities, church groups, and the like. We are available to present in-person at your facility or over Zoom.

Available Topics

- Agitation/terminal restlessness
- Advance healthcare directives
- Body mechanics
- Dementia care
- Fall prevention
- Hospice education
- Infection control
- Medication administration
- Nutrition for seniors
- Pain in the elderly

Connect With Us

Contact Delinda Brown, Director of Outreach, to discuss your group's needs. (925) 829-8770; delindab@hopehospice.com.

Hope Hospice is a 501(c)(3) non-profit organization.

Answers to Quiz on page 3: 1) F; 2) T; 3) T; 4) F; 5) T; 6) F; 7) F; 8) T; 9) T; 10) T