The SYSC recognizes that physical activity plays an important role in maintaining individual health and well-being. Some medical conditions, however, warrant rest and/or a restriction of activities. Activity restriction is implemented when a resident has an injury, illness, or long-term condition that makes it unsafe for them to participate in activities, particularly sporting activities.

Purpose
The purpose of this policy is to establish the activity restriction procedure.

Procedure

I. Nursing Assessment

A. A nurse shall conduct a physical assessment of each resident with a medical complaint or condition and shall determine the appropriate level of physical activity allowed: activity restriction (AR) or sick status (SS). An assessment will occur in the following cases:

1. Upon admission, if a resident exhibits an injury, illness, or other reason for the resident to not participate in sports (e.g., if the resident uses an inhaler or has asthma, a heart murmur, or a respiratory infection), he/she will be placed on AR until cleared by the physician.

2. When a resident complains of an injury from a gym activity or from a restraint and an activity restriction is warranted.

3. At sick call, when a resident complains of an illness and an activity restriction is warranted.

4. When a staff member reports a resident’s injury or illness (e.g., a resident may have a noticeable limp that has gone unreported) and an activity restriction is warranted.

II. Initiating Activity Restriction

A. Nursing staff shall initiate activity restriction as follows:

1. The nurse shall make an entry in the nurse’s notes, noting the nature of the injury or illness, and any treatment or intervention given.

2. The nurse shall complete a Med Memo.
3. If necessary, the resident will be added to the physician call list.

III. **Activity Restriction**

A. Activity restriction requires the following:

1. No participation in gym or sports activities.
2. No stairs, unless cleared by a nurse.
3. No lifting heavy objects.
4. If crutches or ankle/knee splints are ordered, then only minimal ambulating shall be allowed.

B. Exceptions are made on a case-by-case basis, and they require authorization from the nurse or physician.

C. AR may be modified to “light activities” (e.g., foosball, ping-pong) at the discretion of the nurse or physician.

D. AR is continued until the identified time frame has expired or a reassessment has occurred and the Activity Restriction is discontinued by Nurse or MD.

IV. **Discontinuing Activity Restriction**

A. If initiated by the physician, the physician must discontinue the AR; otherwise, a nurse may discontinue the AR. An entry shall be made in the nurse’s notes and the Unit shall be notified. The medical memo shall be removed from the medical memo binder and placed in the resident’s permanent file.
**ACTIVITY RESTRICTION**

When the nurse or doctor places an SYSC resident on activity restriction, the following general guidelines are to be followed:

1. No participation in gym/physical education/sporting activities.
2. No stairs with foot or leg injuries unless specifically noted as permitted.
3. No lifting heavy objects.

If the doctor places a resident on activity restriction, **only the doctor can discontinue the restriction.**