Parkinson's hand exercises pdf

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Exercises What is carpal tunnel? Symptoms Outlook Summary Carpal tunnel syndrome involves the compression of the median nerve and alleviate symptoms. In this article, we look at some of the best hand exercises for
carpal tunnel. Alongside other treatment methods, people may find these exercises helpful in relieving symptoms of carpal tunnel. People may feel a gentle pull or stretch during the
following exercises. However, they should stop if they experience any pain. Apply heat to your hand for 20 minutes to help prevent inflammation. 1. Wrist extension This exercise stretches the muscles in the inner
forearm. Hold one arm straight out in front of the body at shoulder height. Try not to lock the elbow when stretching the arm out. Bend to gently pull the palm back toward the body to feel a stretch in the inner forearm. Hold for 15 seconds. Release and repeat five times. Repeat the whole
exercise on the other arm. People can repeat this sequence up to four times per day, 5-7 days per week. It also works well as a warmup stretch before other activities, especially those that involve gripping. 2. Wrist flexion This exercise stretches the muscles in the outer forearm. Extend one arm in front of the body at shoulder height. Try not to lock the
elbow when stretching the arm out. With the palm facing down, bend the wrist, so the fingers point toward the floor. Using the other hand, gently pull the bent hand toward the body to feel a stretch in the outer forearm. Hold for 15 seconds. Release and repeat five times. Repeat the whole exercise on the other arm. People can repeat this sequence up to
four times per day, 5-7 days per week. A person can also use it as a warmup stretch before performing other activities, especially any exercise to help improve the mobility of a compressed nerve, such as the median nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve, such as the median nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve, such as the median nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve, such as the median nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve, such as the median nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve, such as the median nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve, such as the median nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve, such as the median nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve glideA glide is a stretching exercise to help improve the mobility of a compressed nerve glideA glid
outside. Uncurl the fingers, stretch the fingers and thumb out to the side of the hand back toward the forearm, then extend the thumb out to the side. Using the opposite hand, apply gentle pressure on the thumb to stretch it. For each change of position, hold for 3-7 seconds. Release and repeat
the whole exercise on the other hand. People can repeat this exercise 10-15 times per day, 6-7 days per week. Holding a cold compress, such as an ice pack in a wrapped towel or a bag of frozen peas, on the hand for 20 minutes after the exercise may help prevent inflammation. 4. Tendon glides This exercise gently stretches the tendons in the carpal
tunnel. Research shows that using a splint and performing tendon and nerve gliding exercises on both hands at the same time or alternate between each hand: Bend the elbow so the forearm points straight up. Straighten the fingers and thumb out in
line with the wrist, so all the fingers are pointing straight up. Bend the fingers to make a hook shape. Then bend the fingers into a tight fist, with the thumb on top of the fingers are pointing straighten the fingers and thumb out in line
with the wrist, so all the fingers are pointing straight up. Bend the fingers from the bottom knuckles, pointing them straight out at a right angle. Bend the fingers from the middle knuckles so that the fingers from the palm. Hold each of these positions for 3 seconds. Repeat these exercises 5–10 times, two to three times per day, for as many days of
the week as it feels comfortable. 5. Wrist lift Patipat Paipew / EyeEm/Getty ImagesThis exercise works the muscles of the bottom hand while pressing down with the top hand. Hold for 5 seconds, then relax. Repeat 10
times.Repeat with the opposite hand.6. Hand squeezeThis exercise works the forearm muscles. People will need a soft rubber ball for this exercise or a pair of rolled-up socks.Hold the ball in one hand.7. Wrist stretch with weightsThis
exercise stretches the flexor muscles in the forearm. People will need a light weight for this exercise, such as a can of beans. If it feels comfortable, individuals can use gradually heavier weights. Hold the weight in the hand and extend the arm straight in front, with the palm facing down. Slowly bring the hand up and back toward the arm, bending at
the wrist. Slowly return to the starting position. Repeat 10 times for three sets. Swap to the other hand and repeat. The median nerve runs through this passage, from the forearm to the hand. The nerve provides sensation to
some of the fingers, including the thumb. Excessive pressure to the wrist can compress the median nerve. This may occur due to a wrist injury, repetitive movements, or rheumatoid arthritis. According to the National Institute of Neurological Disorders and Stroke, people with diabetes have a higher risk of carpal tunnel syndrome. It also states that
females are three times more likely to develop carpal tunnel syndrome than males. Symptoms of carpal tunnel syndrome can include: numbness or tingling sensation in the fingers, particularly the index, middle, and ring fingers and the thumbsymptoms occurring or worsening at nightweakness in the hand leading to the loss of grip strength, making
holding objects or carrying out everyday tasks more difficultin severe cases, an inability to feel hot or cold temperatures with the handDoctors can usually treat carpal tunnel fairly easily. People may find that consistently practicing the above exercises for 6–8 weeks helps relieve symptoms. If hand exercises are ineffective in easing symptoms, wearing
a splint when symptoms worsen, such as during the night, may help. In some cases, individuals may need a steroid injection in the wrist to provide longer-lasting or managing the condition may help. Hand exercises may help alleviate mild
symptoms of carpal tunnel syndrome or help prevent it from developing due to repetitive, everyday movements. If people have persistent symptoms of carpal tunnel, they may wish to speak with a doctor, who may advise other treatments alongside physical therapy. Last medically reviewed on November 1, 2021OsteoarthritisRheumatoid ArthritisBones
/ OrthopedicsPain / Anesthetics Medical & Surgical Nursing (Notes) Prev Article Parkinson's disease is a degenerative disease results in a dysfunction of the extrapyramidal system. Parkinson's disease is a slow, progressive
disease that results in a crippling disability. The debilitation can result in falls self-care deficits, failure of body systems, and depression. Mental deterioration occurs late in the disease. Cause The majority of all cases of classic Parkinson's disease are primary, or idiopathic, Parkinson's disease (IPD). The cause is unknown; a few cases suggest a
hereditary pattern. Secondary, or iatrogenic, Parkinson's disease is drug- or chemical-related. Dopamine-depleting drugs such as reserpine, phenothiazine, metoclopramide, tetrabenazine, and the butyrophenones (droperidol) can lead to secondary Parkinson's disease. Assessment Bradykinesia, abnormal slowness of movement, and
sluggishness of physical and mental responses. Akinesia Monotonous speech Handwriting that becomes progressively smaller Tremors in hands and fingers at rest (pill rolling) Tremors increasing when fatigued and decreasing with purposeful activity or sleep. Rigidity with jerky interrupted movements Restlessness and pacing Blank facial expression.
mask -like facies Drooling Difficulty swallowing and speaking Loss of coordination and balance. Shuffling steps, stooped position, and propulsive gait. Primary Nursing Diagnosis Self-care deficit related to rigidity and tremors Diagnostic Evaluation The diagnosis of Parkinson's disease is usually made through clinical findings rather than diagnostic
tests. The key to diagnosis is the patient's response to levodopa (see Pharmacologic Highlights). Positron emission tomography (PET) and single photon emission to the single photon emission emission to the single photon emission emissi
Medical Management To control tremor and rigidity, pharmacologic management is the treatment of choice. Longterm levodopa therapy can result in drug tolerance or drug toxicity is either a change in drug dosage or
a drug holiday. Autologous transplantation of small portions of the adrenal gland into the brain's caudate nucleus of Parkinson's disease patients is offered on an experimental basis in some medical centers as a palliative treatment. In addition, if medications are ineffective, a thalamotomy or stereotaxic neurosurgery may be done to treat intractable
tremor. Physical and occupational therapy consultation is helpful to plan a program to reduce flexion contractures and to maximize functions for the activities of daily living. To prevent impaired physical mobility, perform passive and active range-of-motion exercises and muscle-stretching exercises. In addition, include exercises for muscles of the face
and tongue to facilitate speech and swallowing. Use of a cane or walker promotes ambulation and prevents falls. Pharmacologic Highlights Antiparkinson drugs such as Levodopa (Sinemet) is used to control tremors and rigidity; converted to dopamine in the basal ganglia. Antiviral agents such as Amantadine
hydrochloride (Symmetrel) is used to control tremor and rigidity by increasing the release of dopamine to the basal ganglia. Synthetic anticholinergics such as Trihexyphenidyl (Artane); benztropine mesylate (Cogentin) is used to block acetylcholine stimulated nerves that lead to tremors. Other Drugs: Antihistamines are sometimes prescribed with the
anticholinergics to inhibit dopamine uptake; bromocriptine mesylate, a dopamine antagonist, is ordered to stimulate dopaminergic receptors. Nursing Interventions Assess ability to swallow and chew. Provide high-calorie, high-protien, high-fiber soft diet with small, frequent feedings. Increase fluid intake to 2000 mL/day.
Monitor for constipation. Promote independence along with safety measures. Avoid rushing the client to wear low-heeled shoes. Encourage the client to lift feet when walking and avoid prolonged sitting.
Provide a firm mattress, and position the client prone, without a pillow, to facilitate proper posture by teaching the client to hold the hands behind the back to keep the spine and rejudity and to
inhibit the action of acetylcholine. Administer antiparkinsonian medications to increase the level of dopamine in the CNS. Instruct the client to avoid monoamine oxidase inhibitors because they will precipitate hypertensive crisis.
Documentation Guidelines Ability to ambulate, perform the activities of daily living, progress in an exercise program Use of verbal and nonverbal communication Statements about body image and self-esteem Discomfort during activity Discharge and Home Healthcare Guidelines Be sure the patient or caregiver understands all medications, including
the dosage, route, action, and adverse reactions. Avoid the use of alcohol, reserpine, pyridoxine, and phenothiazine while taking levodopa. In general, recommend massage and relaxation techniques facilitate mobility and enhance safety in Parkinson's disease
patients. Instruct the patient to try the following strategies: To assist in maintaining balance, concentrate on taking larger steps with feet apart, keeping back straight and swinging the arms; To overcome akinesia, tape the "frozen" leg to initiate movement; To reduce tremors, hold objects (coins, keys, or purse) in the hand; To obtain partial control of
tremors when seated, grasp chair arms; To reduce rigidity before exercise, take a warm bath; To initiate movement, rock back and forth; To prevent spine flexion, periodically lie prone and avoid using a neck pillow; and Teach the patient to eliminate loose carpeting, install grab bars, and elevate the toilet seat. Use of chair lifts can also be beneficial.
Choose the letter of the correct answer. Good luck! Congratulations - you have completed MSN Exam for Parkinson's Disease (PM)*. You scored %%SCORE%% out of %%TOTAL%%. Your performance has been rated as %%RATING%% Your answers are highlighted below. There are 20 questions to complete. Nursing Diagnosis Ineffective Airway
Clearance May be related to parkinsonian changes in musculature tracheobronchial obstruction aspiration infection truncal rigidity bronchospasm fatigue increased work of breathing effort use of accessory muscles
increased mucus production cough with or without productivity adventitious breath sounds abnormal arterial blood gases Desired Outcomes Patient will achieve and maintain patent airway. Patient will have clear breath sounds to auscultation, and will
have respiratory status parameters with optimal air exchange. Patient will be able to cough up secretions and perform coughing and deep breathing exercises. Nursing Interventions Observe patient and assess energy level and endurance, and how these affect respiratory status. Rationale: Energy ability decreases with age and chronic disease like
PD. Assess respiratory status for rate, depth, ease, use of accessory muscles, and work of breathing. Rationale: Wheezen, crackles, rhonchi, or decreased breath sounds. Rationale: Wheezeng for presence of wheezeng for pre
bronchospasms, edema, and obstructive secretions. Crackles result from consolidation of leukocytes and fibrin in the lung causing an infection or by fluid accumulation in the lung area being auscultated, and usually results in poor ventilation.
Administer oxygen as ordered. Monitor oxygen saturation by pulse oximetry. Rationale: Provide supplemental oxygen to benefit patient for cough and production of sputum, noting amount, color, character, and patient's
ability to expectorate secretions and patient's ability to cough. Rationale: Mucus color from yellow to green may indicate presence of infection. Tenacious, thick secretions require more effort and energy to cough up and remove, and may cause obstruction and stasis that may lead to infection. Position patient in high Fowler's or semi-Fowler's position
if possible. Rationale: Promotes maximal lung expansion. Turn patient every 2 hours. Rationale: Promotes drainage of pulmonary secretions and enhances ventilation to decrease potential for atelectasis. Administer bronchodilators as ordered. Rationale: Promotes maximal lung expansion. Turn patient every 2 hours. Rationale: Promotes drainage of pulmonary secretions and enhances ventilation to decrease potential for atelectasis.
to improve ventilation, and maximizes air exchange. Encourage increase in intake of fluids up to 3-4 L/day. Rationale: Provides hydration and helps to thin secretions for easier mobilization and removal. Perform postural drainage and percussion as ordered. Rationale: Postural drainage utilizes gravity to help raise secretions and clear sputum.
Percussion may assist in movement of secretions away from bronchial walls and enable patients. Encourage deep breathing and coughing exercises every 2 hours. Rationale: Assist in lung expansion and helps in dislodgement of
secretions for easier expectoration. Suction patient if warranted. Rationale: Patient may be too weak or fatigued to expel own secretions. Instruct patient to seek help and stop smoking of patient is a smoker. Rationale: Smoking causes increased mucus, vasoconstriction, and increased blood pressure. Nursing Diagnosis Disturbed Thought Process
May be related to parkinsonian medications psychological causes depression incorrect belief system chronic illness misperceptions Possibly evidenced by inaccurate interpretation of environment changes in lifestyle loss of significant other egocentricity distractibility inappropriate thinking memory impairment sorrow hypovigilance or hypervigilance
chronic illness insomnia inability to perform activities as before abnormal lab studies uncaring attitude toxic levels of medications and use techniques that will effectively reduce the amount and frequency of these episodes. Patient will be compliant with the
therapeutic regimen. Nursing Interventions Assess patient for depressive behaviors, causative events, and orient patient to reality as warranted. Rationale: Depression is a common among PD patients, whether it's a reaction to the disorder or related to biochemical abnormality is uncertain. Identify specific problems and allow for the establishment of
a plan of care. Reality orientation helps patient to be aware of self and surroundings. Use nonjudgmental attitude toward patient to discuss topics that can help the patient deal with in appropriate ways. PD patients often feel embarrassed
apathetic, bored, and lonely that may be brought about by physical slowness and the great effort that even small tasks require. Encourage and assist the patient in every effort possible to carry out the tasks involved in meeting their own daily needs to remain independent. Identify patient's medications currently being taken. Rationale: Assists with
identification of any misuse of drugs and side-effects that may precipitate depressive symptoms. Assess patient for potential for suicide plan are serious and need emergency help. Monitor vital signs every 4 hours and prn.
Rationale: Antidepressants and other psychoactive medications may result in cardiovascular insufficiency. Amantadine(Symmetrel) can cause psychiatric disturbances, mood changes, hallucinations. Nursing Diagnosis Impaired Verbal Communication May be related to physical barrier from hypertonicity from parkinsonism rigidity
of facial muscles depression medications psychological barriers psychosis decreased circulation to brain age-related factors lack of stimuli Possibly evidenced by confusion, anxiety, restlessness flight of ideas inability to speak stuttering impaired articulation difficulty with phonation inability to
name words inability to identify objects difficulty comprehending communication dyslalia dysarthria inappropriate verbalizations aphasia dysphasia apraxia slurred slow monotonous speech high-pitched rapid speech, repetitive speech facial muscle rigidity Desired Outcomes Patient will be able to have effective speech and understanding of
communication, or will be able to use another method of communication and make needs known. Patient will be able to use assistive devices and techniques to improve ability to communication. Patient will be able to use assistive devices and techniques to improve ability to communication.
exhibit minimal frustration and anxiety with speech attempts. Patient will be able to make needs known utilizing nonverbal methods if required. Family will be compliant and supportive of patient's attempt at communication. Nursing Interventions Assess the patient's ability to speak, language deficit, cognitive or sensory impairment, presence of
aphasia, dysarthria, aphonia, dyslalia, or apraxia. Presence of psychosis, and/or other neurologic disorders affecting speech. Rationale: Speech disorders are present in most patients with Parkinson's disease, this helps identify problem areas and speech patterns to help establish a plan of care. Instruct patient to make a conscious effort to speak
slowly, with deliberate attention to what they're speaking. Remind the patient to face the listener, exaggerate the pronunciation of words, speak in short sentences, and take a few breaths before speaking. Remind the patient for nonverbal communication of words, speak in short sentences, and take a few breaths before speaking. Remind the patient to face the listener, exaggerate the pronunciation of words.
such as facial grimacing, smiling, pointing, crying, and so forth; encourage use of speech when possible. Rationale: Indicates that feelings or needs are being expressed when speech is impaired. Excessive mumbling, striking out, or non verbalization clues may be the only method left for the patient to express discomfort. Attempt to anticipate
patient's needs. Rationale: Helps to prevent frustration and anxiety. When communicating with patient, face patient and maintain eye contact, speaking slowly and enunciating clearly in a moderate or low-pitched tone. Rationale: Clarity, brevity, and time provided for responses promotes the opportunity for successful speech by allowing patient time
to receive and process the information. Remove competing stimuli, and provide a calm, unhurried atmosphere for communication. Rationale: Reduces unnecessary noise and distraction and allows patient time to decrease frustration. Use simple, direct questions requiring one-word answers. Repeat and reword questions if misunderstanding occurs.
Rationale: Promotes self-confidence of the patient who is able to achieve some degree of speech or communication. Provide a small electronic amplifier if necessary. Rationale: Helpful if the patient to control the length and rate of phrases, over articulate words, and separate syllables, emphasizing
consonants. Rationale: Helps to promote speech in the presence of dysarthria. Avoid rushing the patient when struggling to express feelings and thoughts. Rationale: Impaired verbal communication results in patient's feeling of isolation, despair, depression, and frustration. Compassion helps to foster a therapeutic relationship and sense of trust and
is important for continuing communication. Instruct patient and/or SO regarding need to use glasses, hearing aids, dentures. Rationale: Helps promote communication with sensory or other deficits. Instruct patient and/or SO in the performance of facial muscle exercises, such as smiling, frowning, sticking tongue out, moving tongue from side to side
and up and down. Rationale: Promotes facial expressions used to communicate by increasing muscle coordination and tone. Nursing Diagnosis Impairment proportion of the proport
by Inability to move at will weakness inability to bear weight immobility gait disturbances balance and coordination deficits difficulty turning decreased fine and gross motor movement decreased reaction time incoordination deficits difficulty turning decreased fine and gross motor movement decreased fine and gross motor movement decreased reaction time incoordination deficits difficulty turning decreased fine and gross motor movement decreased fine and gross motor movement decreased reaction time incoordination deficits difficulty turning decreased fine and gross motor movement decreased fine and g
as long as possible within limitations of disease process. Patient will have few, if any, complications related to immobility. Nursing Interventions Instruct patient to get out of chair by moving to edge of seat, placing hands on
arm supports, bending forward, and then rocking to a standing position. Rationale: Parkinson disease causes rigidity tremors, bradykinesia and may result in difficulty getting out of a chair. Teach the patient to concentrate on walking erect and use a wide-based gait. Rationale: Balance may be adversely affected because of the rigidity of the arms that
prevents them from swinging when walking normally. A special walking technique must be learned to offset the shuffling gait and the tendency to lean forward. A conscious effort must be made to swing the arms, raise the feet while walking, and use a heel-toe placement of the feet with long strides. Instruct patient to perform daily exercise that will
increase muscle strength: walking, riding a stationary bike, swimming, and gardening are helpful. Rationale: Exercise prevents contractures that occur when muscles are not used, improves coordination and dexterity, and reduces muscles are not used, improves coordination and dexterity, and reduces muscles are not used, improves coordination and dexterity, and reduces muscles are not used, improves coordination and dexterity.
sit in chairs with backs and arm rests; use elevated toilet seats or sidebars in the bathroom. Rationale: Help with rising from a sitting position and prevent falls. Recommend that seuxal relations be planned for when the medication is active. Rationale: Parkinson's causes bradykinesia which can impair intimacy. Instruct patient to raise head of bed and
make position changes slowly. Teach patient to dangle legs a few minutes before standing. Avoid dehydration and maintain adequate dietary salt. Rationale: These measures reduce orthostatic hypotension. Refer patient to a physical therapist. Rationale: These measures reduce orthostatic hypotension.
the patient and caregiver on exercising safely. Provide warm baths and massages. Rationale: Helps relax muscles and relieve painful muscle spasms that accompany rigidity. Nursing Diagnosis Imbalanced Nutrition: Less Than Body Requirements May be related to parkinsonian changes in musculature facial rigidity use of antiparkinsonian drugs
inability to take in enough food decreased level of consciousness inability to absorb nutrients because of biologic or psychological factors from aging process Possibly evidenced by inadequate food intake weight loss absent bowel sounds decreased muscle mass loss 
distention lack of interest in food fatigue from work of breathing choking, coughing rigidity of facial muscles Desired Outcomes Patient will have adequate nutritional status with use of nutritional support, and will experience no complications from support. Patient
will show no signs of malnutrition status. Nursing Interventions Assess patient's ability to eat. Rationale: Provide an unhurried environment
during meal time. Rationale: Patients with PD may have difficulty maintaining their weight as eating becomes a very slow process, requiring concentration due to a dry mouth from medications and difficulty chewing and swallowing. Monitor weight on a weekly basis. Rationale: To assess whether caloric indicate is adequate. Nursing Diagnosis
Impaired Swallowing May be related to Parkinson's disease neuromuscular impairment dysphagia Possibly evidenced by inability to swallowing chewing stiff masklike face choking, drooling weight loss facial rigidity muscle rigidity tremors aspiration Desired
Outcomes Patient will be able to swallow effectively with no incidence of aspiration. Patient will be able to follow instructions and strengthen muscles used for eating and swallowing. Nursing Interventions
Evaluate patient's ability to swallow, extent of paralysis, and ability to maintain airway. Rationale: Swallowing difficulties and choking are common in PD, evaluation provides baseline information from which to plan interventions for care. Maintain head position and support, with head of bed elevated at least 30 degrees or more during immediately
after feeding. Rationale: Helps to prevent aspiration; facilitates ability to swallow. Instruct patient to chew sugarless chewing gum or suck on hard candy. Rationale: To keep his mouth moist and easy dryness of the mouth, a side effect of medications for PD. Place food in the unaffected side of patient's mouth. Rationale: Allows for sensory stimulation
and taste, and may assist to trigger swallowing reflexes. Provide foods that are soft and require little chewing; provide thickened liquids if possible. Avoid thin liquids. Rationale: These types of foods are easier to control and decrease potential for choking or aspiration. Administer tube feedings or enteral alimentation as warranted/ordered.
Rationale: May be required if oral intake is not sufficient. Instruct patient and/or family to use straw for drinking liquids. Rationale: Helps strengthen facial oral muscles to decrease potential for choking. Teach patient to place food in tongue, close the lips and teeth, lift the tongue up and then back, and swallow. Encourage the patient to chew first on
one side of the mouth and then on the other. Rationale: Proper technique to prevent aspiration. Instruct patient to make conscious effort to swallow. Rationale: Can help during meal time. Nursing Diagnosis Risk for Injury May be related to Parkinson's
disease dementia lack of awareness of environmental hazards poor judgement medications hallucinations choking bradykinesia akinesia Risk factors confusion physical discomfort choking wounds falls wandering involuntary movements loss of postural adjustment loss of balance
loss of arm swinging movement difficulty initiating movement shuffling gait slowness of movement orthostatic hypotension activity intolerance polypharmacy hallucinations tremors muscle rigidity Desired Outcomes Patient will remain safe from environmental hazards resulting from cognitive impairment. Family will ensure safety precautions are
instituted and followed. Patient will remain in a safe environment with no complications or injuries obtained. Family will be able to identify and eliminate hazards in the patient's environment. Nursing Interventions. Instruct patient to swing arms and lift heels during
ambulation. Rationale: These action assist gait and prevent falls. Teach patient to turn in wide arcs. Rationale: To prevent the crossing of one leg over the other, which could cause a fall. Remind patient to maintain an upright posture and look up when walking. Rationale: Stooped posture may cause the patient to collide with objects. Instruct a wide-
based gait Rationale: To improve balance. Teach range of motion exercises and stretching to be performed daily. Rationale: Exercising increases flexibility and improve balance. Teach range of motion exercises and stretching to be performed daily. Rationale: Exercising increases flexibility and improve balance. Teach range of motion exercises and stretching to be performed daily. Rationale: Exercising increases flexibility and improve balance.
emotional impairment caused by normal aging changes in lifestyle Possibly evidenced by verbalization of inability to cope inappropriate coping strategies social withdrawal irritability aggressiveness hostility changes in communication pattern inability to ask for help fatigue increased illness poor concentration decreased
problem-solving skills risk-taking behaviors poor-self esteem insomnia Desired Outcomes Patient will use acceptable strategies to cope with problems, and will have improved sense of self-worth. Patient will be able to access support systems, community resources, or counselors to assist in
achieving adequate coping skills. Nursing Interventions Provide care for patient using same personnel whenever possible. Rationale: Provide uninterrupted time to be spent with patient, and encourage him to express feelings and concerns. Rationale: Allows patient time to
express extreme and powerful emotional feelings, and with discussion, patient can begin to comprehend the personal meaning attached to recent events and develop a reasonable assessment of the situation in order to identify a plan to deal constructively with the situation. Assist patient only when necessary. Offer positive feedback for independent
behavior. Rationale: Dependency on the nurse decreases self-esteem. Encouraging desired behaviors promotes effective coping. Encourage patient to make choices about his care. Rationale: Reduces helplessness and enhances sense of self-esteem. Identify expectations from patients for behavior and what consequences will occur if limits are not
honed. Rationale: Helps set boundaries for manipulative behavior. Manipulation by the patient to identify petient's positive qualities
and accomplishments and assist patient to recognize these traits. Rationale: Patient will have less need for manipulative behavior if self-esteem is increased. Congratulate the patient to utilize community resources, support systems,
counselors, and family and friends. Rationale: Helps to maintain effective coping skills. Instruct patient/family in appropriate behavior. Instruct patient and/or family regarding need for support groups and/or counseling. Rationale: May be required to continue
complete appropriate care and enable patient to effectively maintain coping skills. Nursing Diagnosis Deficient Knowledge May be related to lack of knowledge about Parkinson's disease stigma of disease difficulty understanding the disease process lack of coping skills cognitive impairment Possibly evidenced by verbalization of questions
verbalization of incorrect information noncompliant presence of preventable complications inability to follow instructions inappropriate behavior agitation depression withdrawal apathy restlessness Desired Outcomes Patient and/or family will be able to exhibit understanding of disease process, medication regimen, and treatment plan of care. Patient
will be able to accurately verbalize understanding of parkinsonism and its treatment regimen and notify physician if patient experiences untoward side effects. Patient and/or family will be able to
identify need for long-term goals and potential for end-of-life decisions to be made. Nursing Interventions Assess patient's understanding from which to establish a plan of care. New information can be used the patient's existing knowledge
base and life experience. Educate patient and/or SO about Parkinson's disease, signs and provide quiet and productive environment for each session. Rationale: Elderly patients may not be aware of old information and the stigma that was attached to PD and
dementia, and will require re-education regarding current treatments. Reduction of extraneous stimuli assists with learning and the ability to process new information overload. Prepare patient for surgery as indicated. Rationale: Surgical options may be
required to replenish dopamine, improve dyskinesias and rigidity, or to treat disabling drug-resistant tremors. Advise the patient to take the anti-parkinsonism drugs on schedule. Rationale: The patient and/or SO regarding medications and need
for compliance with dosage, scheduling, and physician follow-up. Rationale: Provides knowledge and facilitates compliance with treatment regimen to allow physician to be notified postdischarge from hospital. Instruct family regarding side effects of medications and
when to notify the physician. Rationale: Anticholinergic drugs (diphenhydramine, trihexyphenidyl, procyclidine) can cause sedation, confusion, psychotic disturbances, dyskinesia, and nightmares. Dopamine agonists (bromocriptine) can cause
nausea, vomiting, confusion, hallucination, dyskinesia and hypotension. MAOIs (selegiline) can cause urinary retention, increased intraocular pressure, and confusion. Provide time for questions and concerns to be voiced, and answer questions honestly. Give patient and/or family written
materials to refer to later. Rationale: Provide for correction of misinformation and written materials allow for documentation to assist with care once patient is discharged. Instruct patient and/or family regarding need for long-term planning and potential for end-of-life care decisions. Rationale: Disease is chronic and patient will eventually become
severely impaired. Issues that may occur in the future (tube feedings, DNR, etc) should be discussed to enable patient and family to make informed choices while the patient is capable of understanding the severity of the condition. Prev Article Next Article
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