Section on Geriatrics Position Statement:
Use of Physical and Chemical Restraints

Physical therapists play an integral role in promoting optimal quality of life by advocating for restraint-free care.

The Section on Geriatrics of the American Physical Therapy Association:

- Recognizes that physical therapists assume leadership roles to restore, maintain, and promote overall fitness, health and optimal quality of life;

- Promotes the prudent consultation of physical therapists, within a multidisciplinary healthcare team, to examine and evaluate the functional abilities, limitations, and rehabilitation potential of individuals, then implement appropriate therapeutic interventions before considering the use of physical or chemical restraints;

- Promotes the regular functional reassessment of those individuals who are restrained in order to consider less restrictive interventions;

- Recognizes that restraints can be used, in limited circumstances to treat medical symptoms diagnosed by a physician (in accordance with federal and state regulations) in order to enhance physical and psychosocial needs;

- Promotes the unique abilities of physical therapists and physical therapist assistants as part of the interdisciplinary team to educate individuals and caregivers regarding the risks and benefits of restraints and the alternatives to their use;

- Encourages public awareness of the laws and regulations that govern the use of chemical and physical restraints in all patient care;

- Considers unethical any practice in which restraints are recommended or applied without evidence of appropriate physical assessment and consideration of restraint alternative interventions; and

- Considers unethical any practice in which physical or chemical restraints are applied without evidence of informed consent of the individual or responsible party.

Support Statement:

Physical therapists provide care in environments where physical and chemical restraints have historically been used by caregivers for the purpose of controlling patient behavior. Restraint use has been justified by the argument that they protect the patient. This argument has been disproved by recent research on both physical and chemical restraints.[1]

[1]Ciolek, C and Ciolek, D. *Clinical Management of Physical Restraints*. Topics in Geriatrics Home Study Series. Section on Geriatrics of the APTA. July 1998.

Public policy also supports the prudent avoidance of restraints unless medically necessary. In 1984, the US Department of Health and Human Services (DHHS) published specific guidelines titled, *Use of Restraints - Federal Standards*.[2] These guidelines were further expanded with the passage of the 1987 Nursing Home Quality Reform Act (NHQRA), which was part of the Omnibus Budget Reconciliation Act (OBRA).[3] The Code of Federal Regulations published by the Health Care Financing Administration (HCFA) in 1991 states that "the resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms."[4]

In 1991, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) implemented restraint guidelines that were updated in 1996 to require organizations to use systems to achieve a restraint-free environment.[5] Additionally, several states and provider organizations have developed regulations and policies as well to address restraints.[6] to date, the American Physical Therapy Association (APTA) has not adopted an official policy regarding the professional role of the physical therapist involved in decisions regarding the application of restraints.

In 1995 the HCFA was not satisfied with the restraint reduction efforts which stalled for six years at a national nursing home usage rate of 20%, and initiated an national initiative to reduce rates to 10% by the year 2000.[7] The HCFA has requested the support of provider organizations in achieve these goals.

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[2]Use of Restraints - Federal Standards. Washington, DC: US Department of Health and Human Services; 1984.

[3]Omnibus Budget Reconciliation Act of 1987. Public Law 11-203. Title IV, Subtitle C: Nursing Home Reform Act, codified at 42 USS 1395i-3(c)(1)(A)(ii), 1396r(c)(1)(ii).

[4]Code of Federal Regulations 42CFR483. 13(a).

[5]Joint Commission on Accreditation of Healthcare Organizations. Special Report: Restraints and seclusion standards. *Joint Commission Perspectives*. 1996; 16(1):21:RS1-RS8.

[6]Cooperman, J and Scott, R. Physical Restraint - Legal and Risk Management Issues. *Physical Therapy*. 1998; 6(7): 58-61. See also, Ciolek, C and Ciolek, D. *Clinical Management of Physical Restraints*. Topics in Geriatrics Home Study Series. Section on Geriatrics of the APTA. July 1998.

[7]HCFA's National Restraint Reduction Newsletter. http:\\www.hcfa.gov\wwwroot\pubforms\rrnews.htm