

Use of Restraints in Nursing Homes

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The use of restraints in nursing homes is a controversial issue. Many family members ask that their relatives be restrained in order to prevent falls.

Countless articles in advocacy journals have enumerated the risk factors associated with restraint use. They cite increased morbidity and cognitive decline for the nursing home residents. They describe how frightening and humiliating it must be for residents to be restrained, especially those with dementia.

The law that governs the use of restraints in nursing homes is the Nursing Home Reform Act of 1987.

The Act states residents have the right to be free from “any physical or chemical restraint imposed for the purposes of discipline or convenience and not required to treat the resident’s medical symptoms.” Although the language stops short of explicitly forbidding the use of restraints, the intention is clearly to reduce the incidence of restraint use.

Studies to evaluate the use of restraints weigh on the side of decreased restraint. A 1996 study by the University of Pennsylvania strongly suggests that use of physical restraints not only does not lower risks of falls or injuries in elderly nursing homes, but in some subgroups, may increase falls. A statistical analysis conducted in 1997 by Nicholas Castle, PhD, a researcher from the Brown University

Center for Gerontology and Health Care Research demonstrates that nursing homes that use restraints differ in a systematic way from those that do not.

Restraint free facilities tend to be smaller, are less likely to have Alzheimer’s special care units, and more likely to have other special programs available. Restraint free facilities have lower occupancy rates, lower percentage of residents on Medicaid, and a higher percentage of RNs and LPNs per resident.

As in all cross-sectional data, causality is not indicated. What is clear, however, is that quality care and safety are everyone’s concern and restraint usage is not the answer.