

## Checklist: Assist with Lower Extremity Range of Motion (Hip/Knee)

Assist with Lower Extremity Range of Motion (Hip/Knee)	Able to Perform	Unable to Perform
1. Perform hand hygiene and identify the resident according to facility policy.	<input type="checkbox"/>	<input type="checkbox"/>
2. Explain the procedure and provide privacy before beginning.	<input type="checkbox"/>	<input type="checkbox"/>
3. Position bed flat.	<input type="checkbox"/>	<input type="checkbox"/>
4. Position resident laying on back (supine). Maintains proper body alignment and supports the extremity throughout movement.	<input type="checkbox"/>	<input type="checkbox"/>
5. Observe for pain, stiffness, swelling, resistance, or limited range of motion and report concerns according to facility policy. Ask the resident if they are feeling any pain or discomfort during the procedure. Do not cause discomfort or pain and do not force any joint beyond the point of free movement.	<input type="checkbox"/>	<input type="checkbox"/>
6. Perform passive range-of-motion exercises only as directed in the care plan. Do not perform ROM on joints with recent injury, surgery, pain, or restrictions unless directed by the nurse or therapist.	<input type="checkbox"/>	<input type="checkbox"/>
7. Correctly supports joints at all times by placing one hand under the knee and the other hand under the ankle.	<input type="checkbox"/>	<input type="checkbox"/>
8. Moves the entire leg away from the body: Abduction	<input type="checkbox"/>	<input type="checkbox"/>
9. Moves the entire leg back toward the body : Adduction	<input type="checkbox"/>	<input type="checkbox"/>
10. Completes abduction and adduction of the hip three times.	<input type="checkbox"/>	<input type="checkbox"/>
11. Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.	<input type="checkbox"/>	<input type="checkbox"/>
12. Bends the resident's knee and hip toward the resident's trunk : Flexion	<input type="checkbox"/>	<input type="checkbox"/>
13. Straighten the knee and hip : Extension	<input type="checkbox"/>	<input type="checkbox"/>
14. Complete flexion and extension of knee and hip three times.	<input type="checkbox"/>	<input type="checkbox"/>
15. Leaves resident in a comfortable position.	<input type="checkbox"/>	<input type="checkbox"/>
16. Perform hand hygiene after completing care.	<input type="checkbox"/>	<input type="checkbox"/>