



[Facility Name]

Physical Device Evaluation Tool



Resident:

Date:

PHYSICAL RESTRAINT: means, but it not limited to, any article, device, or garment that interferes with the free movement of the resident and that the resident is unable to remove easily, a geriatric chair, or a locked room door. ORC 3721.10 (F)

FREEDOM OF MOVEMENT: means the ability of the resident to move around within the context of the resident's assessed functional capacity. OAC 3701-16-09 (L)(1)(c)

1. What Type of Device is Being Evaluated?

<input type="checkbox"/>	Bed Rail(s)	<input type="checkbox"/>	Low Bed
<input type="checkbox"/>	Bed Assist Bar	<input type="checkbox"/>	Wedge or Cushion
<input type="checkbox"/>	Lap Belt / Seat Belt	<input type="checkbox"/>	OTHER device (describe)

Describe:

2. Does the Device Restrict the Free Movement of the Resident (within their functional capacity) or Restrict the Resident's Normal Access to Their Body?

<input type="checkbox"/>	YES	(If yes, go to Question 3)
<input type="checkbox"/>	NO	(If no, device is not a restraint. Go to Question 4)

3. Can the Device be Easily Removed by the Resident?

<input type="checkbox"/>	YES	(If yes, device is not a restraint. Go to Question 4)
<input type="checkbox"/>	NO	(If no, device is a restraint. Use is prohibited)

4. Has the Device Been Evaluated for Proper Fit and Function?

<input type="checkbox"/>	YES	(Proceed with use and re-evaluate periodically)
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Comments

Evaluator:

Signature:

Date: