Other Neurological Diseases

TCHP Course
Certified Rehabilitation RN Review Course
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Multiple Sclerosis (MS)

• Chronic neuroimmunologic condition that affects white matter of the CNS
• Degenerative progressive disease characterized by inflammation, demyelination, plaques in the white matter of the CNS, and scaring of the myelin sheath of the CNS
• Interferes with efficiency of nerve impulse conduction in the CNS

Multiple Sclerosis (MS)

• Incidence
  • 500,000 people in the US and 2.5 million worldwide are affected with MS
  • 200 cases diagnosed each week
  • Occurs more often in women than men, but men tend to have more debilitating cases
  • Occurs most often in Caucasians who live in colder northern latitudes.

Multiple Sclerosis (MS)

• Disease patterns
  • Relapsing-remitting
    • Most typical pattern
    • Episodes of clear relapses followed by complete or partial recovery periods
    • No disease progression between relapses
  • Secondary progressive
    • Can begin as relapsing-remitting followed by unpredictable progression
    • Acute attacks that can result in progressive worsening of disability
  • Primary progressive
    • Slow and continuous worsening of disability with no relapses or remissions
  • Progressive relapsing
    • Disease progression from onset with definite acute relapses
    • Continues to escalate between relapses

Multiple Sclerosis (MS)

• Clinical manifestations
  • Muscle weakness, paralysis, spasticity, and hyperreflexia
  • Mild to disabling fatigue
  • Visual impairment (optic neuritis most common)
  • Numbness, tingling, pain and tremors
  • Bowel, bladder and sexual dysfunction
  • Ataxia, dysarthria, dysphagia
  • Cognitive changes, emotional lability, and depression

Multiple Sclerosis (MS)

• Medication management
  • Interferon-beta products (Betaseron, Avonex, Rebif, Extavia, Plegridy)
    • Shuts down inflammation of lesions
    • Given SC (need to watch for injection site reactions)
  • Glatiramer acetate (Copaxone, Glatopa)
    • Suppresses immune systems attack on myelin
    • Given SC (need to what for injection site reactions)
  • Daclizumab/Zinbryta 150mg once monthly.
MS Medication Management

**Oral Medications:**
- Teriflunomide/Aubagio (7mg or 14mg QD) pregnancy warnings
- Fingolimod/Gilenya (0.5mg QD)
- Dimethyl fumarate /Tecfidera (120mg bid x 1 week, then 240mg bid)

**MS Medications:**

**Intravenous:**
- Natalizumab/Tysabri: Monoclonal antibody
  - Blocks white cell receptors from entering brain and spinal cord, leading to decreased inflammation
  - Increased risk for PML (progressive multifocal leukoencephalopathy). IV every 28days
- Alemtuzumab/Lemtrada: 12mg/qd x 5d, One yr later: 12mg/d x 3days.
  - Mitoxantrone (Novantrone) (minimally used)
  - Suppresses T and B cells, slowing progression of disease

**Steroids:** used to minimize severity of attacks.
- Oral: high dose steroids 1250mg prednisone daily on each of 3-5days.
- Compounded: four capsules of methylprednisolone
- IV: 1000mg Solumedrol daily (3-5days)
- Acthar: used for patients unable to tolerate above steroids

**Multiple Sclerosis (cont.)**

- **Rehab Interventions**
  - Improve mobility and neuromuscular function
  - Conserve energy
  - Maintain independence in ADLs
  - Improve bladder function and prevent complications
  - Improve knowledge
  - Develop effective coping strategies
  - Maintain visual functioning
  - Promote comfort

**Parkinson’s Disease (PD)**

- Slow progressing neurodegenerative disease of the brain
- Causes damage to or destruction of dopamine-producing neurons
- Loss of dopamine causes neurons to fire out of control

**Parkinson’s Disease (cont.)**

- **Incidence**
  - About 1 million Americans and 4 million people worldwide have PD
  - 60,000 new cases yearly
  - Occurs slightly more often in men then women
  - Occurs most often after age 55
Parkinson’s Disease (cont.)

Disease Types
- Primary PD
  - Caused by an idiopathic dopamine deficiency in the basal ganglia of the brain
- Secondary PD
  - Caused when there is a known cause of injury to dopamine-producing cells

Clinical Manifestations
- Tremor
- Rigidity or cogwheeling
- Bradykinesia or akinesia
- Postural instability
- Difficulty in chewing, swallowing and voice changes
- Cognitive losses
- Mask-like facial appearance

Medication Management
- Levodopa (Sinemet)
  - First-line gold standard that restores deficient dopamine to the brain
- Monoamine oxidase B inhibitor (Eldepryl)
  - In early stages of PD, delays the breakdown of dopamine
- Dopamine agonist (Mirapex, ReQuip, Permax)
  - Stimulates dopamine receptors in brain to produce more
- Anticholinergic (Cogentin, Artane)
  - Counteracts the action of acetylcholine in the nervous system

Surgical Management
- Pallidotomy and Thalamotomy
  - Destroy group of brain cells of thalamus or basal ganglia to prevent involuntary movements.
- Deep-brain stimulator
  - Sends electrical signals to brain to block abnormal nerve signals that cause tremor and other PD symptoms

Rehab Interventions
- Develop positive coping mechanisms
- Develop knowledge base about disease and treatments
- Improve mobility and maximize neuromuscular function
- Maintain independence in ADLS
- Achieve satisfactory hydration and nutritional status
- Improve verbal communication
- Maintain safety

Amyotrophic Lateral Sclerosis (ALS)

- Rapidly progressing neurodegenerative disease involving the destruction of motor neurons in brainstem and the anterior gray horns of the spinal cord
- No known prevention or cure for ALS, only treatments to slow process

ALS (cont.)

Incidence
- About 30,000 people in the US
- 15 new cases per day in the US
- Prevalence slightly higher in men at 60%
- Typically occurs between ages 40-70
- Average life expectancy of 2-5 years; half live longer than 3 years.
ALS (cont.)

- Clinical manifestations
  - Asymmetric distal weakness greater than proximal weakness
  - Upper-motor neuron involvement causes reduced strength and spasticity
  - Lower-motor neuron involvement causes weakening, muscle atrophy and paralysis
  - Bulbar symptoms include speaking, chewing and swallowing difficulties as well as respiratory decline

ALS (cont.)

- Rehab interventions
  - Maintain independence in ADLs
  - Limit complications from ineffective breathing
  - Limit complications from impaired swallow and decreased nutritional intake
  - Limit complications from impaired communication
  - Maintain skin integrity
  - Discuss disease process with the patient and family

Guillain–Barre Syndrome (GBS)

- An acute inflammatory disease that affects the myelin of the nerves of the peripheral nervous system
- Autoimmune response triggered by a viral or bacterial infection
- Onset can be hours to 3 weeks ending when no further deterioration
- Can last three years and cause complete paralysis

GBS (cont.)

- Incidence
  - Annual incidence of 1.1-1.8 per 100,000 people.
  - All genders and ethnicities are equally affected
  - Incidence increases in those over 50.

GBS (cont.)

- Disease patterns
  - Acute inflammatory demyelinating polyneuropathy (AIDP)
    - Most common; numbness and weakness begin in legs and progress up to cranial nerves.
    - Loss of motor function is symmetric
    - Mild sensory loss most severe in toes
    - Half of cases need respiratory support
  - Acute motor axonal neuropathy (AMAN)
    - Has same progression as AIDP but does not have sensory loss or pain.
    - Generally considered a milder form of AIDP
  - Acute motor sensory axonal neuropathy (AMSAN)
    - Downward progression beginning with motor weakness in cranial nerves
    - Includes respiratory support needed
    - Sensory loss and numbness usually occur distally, most prominent in hands and feet
  - Miller–Fisher syndrome
    - Rare form of GBS that includes ophthalmoplegia, ataxia and areflexia with no sensory loss

GBS (cont.)

- Clinical manifestations
  - Symmetrical motor weakness
  - Flaccid paralysis
  - Respiratory insufficiency and failure
  - Autonomic dysfunction
  - Sensitivity to touch
GBS (cont.)

- Medication management
  - Plasma exchange every other day for 10-15 days
  - IVIG over 3-5 days to lessen attack on nervous system
  - Medications to treat arrhythmias, blood pressure changes, constipation, urinary retention and depression

GBS (cont.)

- Rehab interventions
  - Pain management
  - Maintain function in unaffected limbs and limit atrophy of affected limbs
  - Maintain oxygenation and effective breathing
  - Nutritional support
  - Provide a means for effective communication
  - Prevent skin breakdown
  - Prevent DVTs
  - Maintain bowel and bladder elimination
  - Psychological and emotional support

Myasthenia Gravis (MG)

- A chronic autoimmune disease involving the destruction of Ach receptors, resulting in fluctuating weakness of voluntary muscle groups
- Weakness increases with activity and improves with rest
- Onset can be subtle or fast, and a myasthenia crisis necessitates emergent respiratory support

MG (cont.)

- Incidence
  - Affects approximately 1 per 50,000 people in the US
  - Female-to-male ratio of 3:2 before 50, equal after 50.
  - Highest incidence in women under 40 and men over 60

MG (cont.)

- Clinical manifestations
  - Ocular
    - Eye and lid muscles are affected
  - Bulbar
    - Muscles of speech swallowing and breathing are affected
  - Generalized
    - Proximal muscles of upper and lower extremities are involved with ocular or bulbar involvement

MG (cont.)

- Medication management
  - Anticholinesterase medication
  - Inhibits the breakdown of Ach
  - Long-term corticosteroid therapy
  - Generalized immunosuppressant affect that decreases immune attack on proteins and receptors involved in MG
  - Immunosuppressant agents
    - Block lymphocyte (T-cell) production
    - IVIG
  - Used for acute exacerbation and maintenance by removing antibodies
  - Plasmapheresis
    - Used for acute exacerbations by binding circulating antibodies, thereby promoting Ach availability and muscle function
Postpolio Syndrome (PPS)

- Affects polio survivors decades after acute illness
- Rarely in life threatening
- The severity of the initial illness predicts the severity of PPS
- Symptoms include pain and fatigue with a new onset of weakness
- May also affect sleep, breathing and swallow

PPS (cont.)

- Incidence
  - Experienced by 25-40% of polio survivors
  - More common in women then men
  - There are more then 440,000 polio survivors in the US

PPS (cont.)

- Rehab interventions
  - Teach energy conservation strategies
  - Maintain function in unaffected limbs while limiting atrophy in affected limbs
  - Maintain oxygenation and effective breathing
  - Provide nutritional support
  - Prevent DVT formation
  - Maintain bowel and bladder elimination
  - Provide control and a comfortable environment for the client
  - Provide psychological and emotional support

Cranial Nerves

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Pneumonic</th>
<th>Function</th>
<th>Pneumonic</th>
</tr>
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<tbody>
<tr>
<td>I</td>
<td>Olfactory</td>
<td>On</td>
<td>Small</td>
<td>Some</td>
</tr>
<tr>
<td>II</td>
<td>Optic</td>
<td>Old</td>
<td>Vision</td>
<td>Say</td>
</tr>
<tr>
<td>III</td>
<td>Oculomotor</td>
<td>Olympus</td>
<td>Move eyes out and in, elevate eyelids, contract pupil, accommodate for light</td>
<td>Marry</td>
</tr>
<tr>
<td>IV</td>
<td>Trochlear</td>
<td>Towering</td>
<td>Move eyes down and outward</td>
<td>Money</td>
</tr>
<tr>
<td>V</td>
<td>Trigeminal</td>
<td>Tip</td>
<td>Chewing; Sensation for nose, eyes, teeth</td>
<td>But</td>
</tr>
<tr>
<td>VI</td>
<td>Abducens</td>
<td>A</td>
<td>Move eyes outward</td>
<td>My</td>
</tr>
<tr>
<td>VII</td>
<td>Facial</td>
<td>Finn</td>
<td>Expression, taste, salivation, crying</td>
<td>Brother</td>
</tr>
<tr>
<td>VIII</td>
<td>Acoustic</td>
<td>And</td>
<td>Hearing and balance</td>
<td>Says</td>
</tr>
<tr>
<td>IX</td>
<td>Glossopharyngeal</td>
<td>German</td>
<td>Secret centre, gag reflex, salivation, taste sensations in throat, bad</td>
<td>Bad</td>
</tr>
<tr>
<td>X</td>
<td>Vagus</td>
<td>Viewed</td>
<td>Swallow, voice, production, sensation of throat, heart, thoracic and abdominal viscera</td>
<td>Business</td>
</tr>
<tr>
<td>XI</td>
<td>Spinal Accessory</td>
<td>Some</td>
<td>Shoulder and head movement</td>
<td>Marry</td>
</tr>
<tr>
<td>XII</td>
<td>Hypoglossal</td>
<td>Hops</td>
<td>Tongue movement</td>
<td>Money</td>
</tr>
</tbody>
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Question #1

- Parkinson’s is characterized by which of the following gait disturbances?
  - A. Uncoordinated, staggering, unsteady gait with feet lifted high during stepping and placed flat on the floor
  - B. Thighs cross while taking slow, stiff, short steps as though treading through water
  - C. Short, shuffling steps with trunk leaning forward and slight flexion of hips and knees but no arm swing
  - D. Jerking, uncoordinated short steps with stiff legs and toes dragging
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Question #2

- Changes in a patient’s pupil size, pupil equality and pupil’s reaction to light as well as extraocular eye movements are indicative of compression of which three cranial nerves
  - A. 1st, 2nd and 3rd
  - B. 3rd, 4th and 6th
  - C. 5th, 6th and 7th
  - D. 5th, 6th, and 8th

Question #3

- Acute attacks that can result in progressive worsening of disability are most likely indicative of which disease pattern
  - A. Relapsing-remitting
  - B. Secondary progressive
  - C. Primary progressive
  - D. Progressive relapsing

Question #4

- Which organization has taken the lead in developing case management standards?
  - A. The American Accreditation HealthCare Commission/URAC
  - B. The Association of Rehabilitation Nurses
  - C. The National Coalition of Associations for Advancement of Case Management
  - D. The Commission on Accreditation of Rehabilitation Facilities (CARF)
Question #4

- A. The American Accreditation HealthCare Commission/URAC
- B. The Association of Rehabilitation Nurses
- C. The National Coalition of Associations for Advancement of Case Management
- D. The Commission on Accreditation of Rehabilitation Facilities (CARF)

Reference: The American Accreditation HealthCare Commission/URAC considered input from more than 50 companies and individuals in establishing case management standards. The Case Management Society of America has worked closely with the URAC staff in developing case management standards.

Question #5

- What MUST a case manager do when arranging equipment in the home environment?
- A. Negotiate rates with the vendor
- B. Utilize the vendor with the least expensive rates
- C. Identify if the payer source has contracts with any vendors
- D. Select the vendor for the patient

If the payer source has contract with vendors, these vendors should be approached first to determine if they can meet the equipment needs of the patient. If not, authorization should be obtained from the payer to utilize another vendor.

Question #6

- Which term BEST describes the discounts from full charges available to governments and some other third party payers?
- A. Contribution margin
- B. Contractual allowance
- C. Cross-subsidization
- D. Cost reimbursement

Discounts from normal charges given to large payers for health care services are called contractual allowances. The contribution margin is the amount by which the price exceeds the variable cost. If the margin is positive, the organization benefits by that amount. When some patients are assigned more costs than they create and others less, it is called cross-subsidization. Cost reimbursement is the revenue based on the organization receiving payment for costs incurred.

Question #7

- Which cranial nerves are MOST affected in persons with multiple sclerosis?
- A. II and III
- B. IV and X
- C. V and VII
- D. VIII and XI
Question #7

• Which cranial nerves are MOST affected in persons with multiple sclerosis?
  • A. II and III
  • B. IV and X (eyes down & out/swallow)
  • C. V and VII (chewing/expression/taste)
  • D. VIII and XI (hearing/balance/shoulder/head)
  • Demyelination or destruction of the myelin sheath of axons in the CNS, as a result of MS, most frequently affects CN II (Optic) and CN III (Oculomotor), causing symptoms such as blurred central vision, blind spots, and double vision.

Question #8

• The case manager for the brain injured child should start the process of re-entry into the school system?
  • A. Upon the parents request
  • B. Prior to discharge from the rehabilitation facility
  • C. At the time of discharge to home
  • D. During the acute hospitalization
  • Discharge planning should begin prior to discharge from the rehab facility and incorporate extensive community resources for successful re-entry.

Question #9

• What MUST be present for a patient to qualify for home health care under the Medicare program?
  • A. A need of assistance with bathing
  • B. A need of assistance with dressing
  • C. Homebound
  • D. Physical Disability
  • To qualify under Medicare for home health care, the patient must be homebound. The individual must have a skilled need defined by requiring skilled assessments of a medical condition, teaching needs, injections, Foley care, case management on short term basis, wound care, PT/ST/OT.

Question #10

• How can the case manager positively INCREASE the value of an independent Medical Examination (IME)?
  • A. by using a physician whose expertise matches the issue
  • B. Asking open ended questions in the referral letter
  • C. Offering to pay in advance for the evaluation
  • D. By allowing the physician plenty of time to generate the report
Question #10
• A. by using a physician whose expertise matches the issue
• B. Asking open ended questions in the referral letter
• C. Offering to pay in advance for the evaluation
• D. By allowing the physician plenty of time to generate the report
The physician selection should be based on the issues to the addressed rather than the body part involved.
• Occupation MD: specialize in work issues

Question #11
• Identify which of the candidate’s jobs below would be protected under the American with Disabilities act (ADA)?
• A. A woman who has carpal tunnel syndrome and cannot type 30wpm(essential job function) with or without reasonable accommodation
• B. A man who has AIDS and will raise the employer’s health insurance premiums
• C. A woman who is applying for a job as forklift operation and has poorly controlled epilepsy
• D. A man with unstable angina who is applying for a job as a warehouse worker

Question #11
• Under the ADA, an employer may legitimately refuse employment to an individual who (1) cannot perform the essential functions of the job with or without reasonable accommodation, (2) would pose a direct threat to him/herself or others and (3) cannot meet job prerequisites except those that cannot be met due to disability. Higher health insurance or workers’ compensation costs, in the absence of any of the above factors, are not sufficient justification for excluding a workers with a disability.

Question #12
• When assisting the patient with MS, the case manager should strongly recommend the payer/insurance company authorize funding for which of the following?
• A. Vigorous exercises
• B. A heated jacuzzi or spa
• C. A home eval by an OT or PT
• D. Bedrest
Patients with MS struggle with fatigue issues on a regular basis. A home evaluation by a therapist can assist the patient in identifying more efficient ways to perform their ADLs in an effort to reduce the disabling effects of fatigue.
Question #13

- Which of the following acts allows children with disabilities appropriate education, transition services, assistive technology, and rehabilitation counseling?
  - A. Rehabilitation Act of 1973
  - B. Education for All Handicapped Children’s Act
  - C. Early Intervention Amendments to the Education for All Handicapped Children’s Act
  - D. Individuals with Disabilities Education Act

Question #13

- A. Rehabilitation Act of 1973
- B. Education for All Handicapped Children’s Act
- C. Early Intervention Amendments to the Education for All Handicapped Children’s Act
- D. Individuals with Disabilities Education Act

The IDEA passed in 1990, was an amendment to earlier legislation that added transition services, assistive technology, rehabilitation counseling and social work to the services that may be provided to children with disabilities.

Question #14

- Participants in health care have combined widely shared human beliefs about health and illness into four major ethical principles. What obligation requires health care providers to help people in need?
  - A. Beneficence
  - B. Nonmaleficence
  - C. Autonomy
  - C. Justice

Question #14

- A. Beneficence
- B. Nonmaleficence
- C. Autonomy
- C. Justice

Nonmaleficence is the duty to do no harm; autonomy is the right to choose and follow an individual plan of action; justice is the concept of trusting everyone in a fair manner.

Question #15

- Which of the following is a barrier to independent living for the C4 SCI patient?
  - A. Lack of new clinical research
  - B. Availability of affordable, accessible housing
  - C. Motor impairment below the level of injury
  - D. Changing payment systems

Question #15

- A. Lack of new clinical research
- B. Availability of affordable, accessible housing
- C. Motor impairment below the level of injury
- D. Changing payment systems

The current availability of accessible housing in most communities is inadequate to meet the need of patients. One study cited the reasons as insufficient supply, inaccessibility architectural barriers in the home, long waiting lists, expense, and poor locations. Patients must be discharged to a safe environment and a referral to a life care planner may be required.
Question #16

- What should the case manager do if a needed service is NOT included in the patient’s insurance policy?
  - A. Explain to the patient why the services cannot be provided
  - B. Insist the payer go out of policy to provide the service
  - C. Explore alternative funding sources for the service
  - D. Provide the service at no charge

Question #16

- A. Explain to the patient why the services cannot be provided
- B. Insist the payer go out of policy to provide the service
- C. Explore alternative funding sources for the service
- D. Provide the service at no charge

The case manager should be aware of the policy limits and be proactive and creative in developing the rehabilitation plan and in explaining alternative funding for services not included in the patient’s insurance policy. The CM should be aware of available community resources.

Question #17

- Which team model is UNCOMMON in rehabilitation practice?
  - A. Multidisciplinary
  - B. Interdisciplinary
  - C. Medical
  - D. Transdisciplinary

Question #17

- A. Multidisciplinary
- B. Interdisciplinary
- C. Medical
- D. Transdisciplinary

The medical model, in which the physician directs care, is the traditional way of providing services and not consistent with the rehab philosophy. The multidisciplinary model is effective when there are different team members for different patients and may be seen in rehab. The interdisciplinary model, in which communication is primarily lateral, is effective when team members remain constant. In the newer transdisciplinary model the patient has a primary therapist from the team who cares for the patient under the guidance of the team.

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Question #18

- Which ethical principle is exemplified by the rehab nurse who spends numerous hours in the preparation of a teaching plan for the patient and future family caregivers?
  - A. Utility
  - B. Justice
  - C. Fidelity
  - D. Beneficence
Question #18

• A. Utility
• B. Justice
• C. Fidelity
• D. Beneficence

Fidelity is the execution of duties and obligations. The plan is a nursing duty designed to maintain patient safety. Utility is the intent to achieve the greatest good. Justice means to engage in fair practices. Beneficence is the duty to act in a manner with the intent to be good.

Question #19

• Which member of the rehab team has the PRIMARY responsibility for assisting patients in gaining skills for community reentry?
• A. Case manager
• B. Speech Therapist
• C. Recreational Therapist
• D. Music therapist

Question #19

• A. Case manager
• B. Speech Therapist
• C. Recreational Therapist
• D. Music therapist

The primary role of the recreational therapist is to address leisure pursuits and skills needed for successful community reentry.

Question #20

• What should the rehab nurse do to assure that a patient with RA who lives along receives adequate nutrition?
• A. Encourage the patient to order fast foods that can be delivered
• B. Encourage the patient to transfer to a skilled nursing facility where meals are prepared by others
• C. Discourage any non medical remedies for the RA
• D. Coordinate an OT visit to provide strategies for joint protection during meal prep and cleanup

The rehab nurse should recommend a balanced diet and have OT become involved in assessing the patient’s home environment and providing education for kitchen organization and methods of joint protection and energy conservation during meal prep and cleanup.

Question #21

• Which of the following attributes or traits is a characteristic of a change-resilient person?
• A. Avoidance
• B. Distancing
• C. Cynicism
• D. Self-discipline
Question #21

- A. Avoidance
- B. Distancing
- C. Cynicism
- D. Self-discipline

Change resilient people are positive thinkers with a sense of being in control. They are resourceful, focused, self-disciplined, flexible and proactive. That’s that pose barriers to resilience to change are cynicism, distancing and avoidance.

Question #22

- When faced with an ethical dilemma what must the rehab nurse do FIRST?
  - A. Determine the moral standards that apply to the situation
  - B. Assess her or his own personal values
  - C. Identify several alternative solutions
  - D. Consult with colleagues about the cause of the dilemma

Ethical decision making begins with a clarification of basic values which provide a framework to guide how decisions are made and problems solved. The encounters the rehab nurse has with patients are guided by her or his value system. Values clarification can help establish a working philosophy that promotes integrity and satisfaction.