



LINKS

ANCOR Links

February 11, 2014

Columns

CEO Perspective: Emergence

Renee Pietrangelo, PhD

As we emerge into a transitional world, we need to remain focused on our mission while staying open to the possibilities the future brings.



This is truly an exciting and interesting time to be alive. Our world is changing at an incredible pace with new frontiers opening up in nearly every aspect of our lives---personal and professional. It's a period of renaissance and paradigm-shattering, so much so that it's near impossible to keep up. As a result, we find ourselves on a dizzying merry-go-round, living in the tension between excitement and anxiety, and ping-ponging back and forth—overwhelmed, disconcerted, intellectually and emotionally burdened. The issues at stake are serious, summoning us to a place of awe-full responsibility and an historic nexus of emergence.

The word “emergence” has been used in diverse and multiple disciplines. Emergence theory recognizes all the places and ways in the universe that the collective whole is greater than we would have expected or assumed based on the individual parts. It describes a view of the world that finds its power not in irreducible parts but in complex cohesion—exactly where we find ourselves, as business in general dramatically restructures; economics and demographics drive how public/human services will be funded into the future; we deal with a predominant focus on integrated health care; and the melding of traditional “disability” silos continues.

We're in the midst of a “re-formation” of supports and services, experiencing a thread-by-thread unraveling of the models and answers that have worked so well historically. At the same time, we are moving from an era of competition and distinction to one of mutuality and collaboration that will dramatically change models, structures and practices.

Where does that leave us? It leaves us with a mandate to create new answers to fit our emerging context by shaping policy, sharing solutions and strengthening community. With ANCOR leading the way, it is our collective responsibility to make educated guesses about what is happening and facilitate productive solutions for the future. Action is needed, understanding at the same time that we are not fully in control of what is happening.

Perhaps surfing is an apt metaphor for our situation. Though we can choose our surfboard, our spot on the ocean and the wave we take; we are not, in the end, able to control the movement of the ocean. We cannot determine the tide, the length of the wave, or its intensity. We must ride the wave and ride it capably in order to arrive safely and healthily on shore.

Our steadfast “known”, however, is the need for community. Building and strengthening community must be our touchstone into an uncertain future.

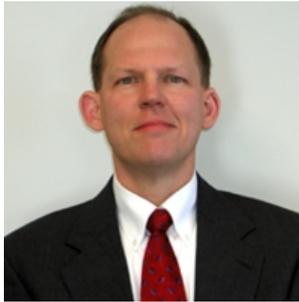
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Changes in ANCOR's Governance Documents and Structure

Dave Toeniskoetter

The ANCOR Board of Directors and Board of Representatives recently approved changes to the association's Articles of Incorporation and Bylaws



Late last year, ANCOR's Board of Directors and Board of Representatives approved changes to the association's Articles of Incorporation and Bylaws. In this article, I'll speak to why changes were needed, what has changed, and how those changes will affect the way ANCOR operates.

The Articles of Incorporation is the basic legal document describing ANCOR and its governance. ANCOR is incorporated as a nonprofit organization in the District of Columbia, and has qualified to operate as a trade association under Section 501(c)(6) of the Internal Revenue Code. ANCOR's Articles of Incorporation had been amended multiple times over the past 44 years, but had never been restated, so the articles were lengthy and cumbersome, with much text that had been superseded by amendments. We took the opportunity to restate the articles to succinctly incorporate amendments made in previous years. We did not make any substantive changes to the Articles of Incorporation in 2013.

The bylaws are the legal document that incorporates most of the rules of governance for ANCOR, including membership, boards, committees and elections. The 2013 amendments to ANCOR's bylaws are substantive and significant, and are the culmination of about two years of effort within the Board of Directors and Board of Representatives. ANCOR's leaders began studying best practices in association governance, and discovered our bylaws did not measure up to best practices in the association world, and to a significant extent did not even reflect the way ANCOR has operated in recent years. We embarked on a complete reassessment and rewrite of our bylaws.

Major changes approved in the 2013 Bylaws amendment include the following:

- The size of the Board of Directors is reduced. The former prescribed Board size was 16-21 members; the new size is 14-16 members. In advance of this change, we had already allowed the Board to shrink through attrition to 15 current members. Members of the Board of Directors will continue to serve three year terms, and be limited to two terms of office unless elected to an officer position.
- The method of electing the Board of Directors is changed. Formerly, the Board of Directors was elected by the Board of Representatives. Under the new bylaws, 12 members of the Board of Directors will be directly elected by the voting members of ANCOR, one member will be elected by the Board of Representatives, and one member will be elected by the State Association Executives Forum. The Board of Directors will also have authority to elect up to two additional members to its own ranks.
- Under the new bylaws, officers of ANCOR will be elected by and from the Board of Directors. The term of office for officers has been reduced to one year (rather than two years); officers will continue to be limited to serving two terms in any one office.
- The method of electing the Board of Representatives is changed slightly. One representative from each state will continue to be elected by ANCOR members in that state. Up to two additional representatives from any given state may be appointed by the president, upon recommendation of the Leadership Development Committee. Members of the Board of Representatives will continue to serve three year terms, with no limit on the number of terms.
- The Leadership Development Committee (LDC) will continue to have a key role in developing candidates for both the Board of Directors and the Board of Representatives. Typically chaired by the immediate past president, the LDC will consist of nine members, of whom three will be elected by the Board of Directors, three will be elected by the Board of Representatives, and two will be elected by the voting members of ANCOR. LDC members will serve two year terms, with no limit on the number of terms.
- Future amendments to ANCOR's bylaws will require approval by a two-thirds majority of votes cast by the voting members. A proposed amendment to the bylaws may be initiated by either the Board of Directors or upon demand of any ten voting members of ANCOR.
- A special meeting of the association may be initiated at any time upon written demand by at least 10% of the voting members of ANCOR.

All of these changes became effective in November of last year. The new bylaws are posted on ANCOR's website. The major change you will notice as a member of ANCOR is the manner in which elections will be conducted; every full member of ANCOR will have the opportunity—and responsibility—to vote in annual elections for the Board of Directors and the Leadership Development Committee. ANCOR staff, the Board and the LDC are currently planning the details of how elections will occur, later this year. Watch *LINKS* and your email for news about nominations and elections.

I'm excited about these changes as a means to broaden member participation and voice, while also creating a more nimble governance structure for ANCOR. But, with change comes risk—if our members aren't actively engaged in elections, we won't see the benefit of these changes. Thank you for your engagement and commitment to strengthening our association!

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Wage & Hour: Residing On the Premises For "Extended Periods of Time"

Joni Fritz, Labor Standards Specialist

The U.S. Department of Labor has very specific rules governing "live-in" staff. The nature of this business often blurs lines on the matter.



Recently we discussed U.S. Department of Labor expectations for employees who reside on the employers' premises. Fifty plus years ago, when the movement to community living began, it was not unusual for couples to be hired who lived in a large home supporting several people with disabilities who today would probably live by themselves with perhaps drop-in support from time to time. The couple would be in the home 365 days a year and even if other staff came in on weekends, people who lived in the home would usually come to them for help. It is understandable that turnover was high. Eventually provider agencies realized that employees who had someplace else to go on their days off stayed on the job longer. Some agencies even required employees to leave the premises on their days off and the employees who filled in for them (usually on weekend shifts) used their bedrooms. This type of arrangement did succeed in reducing staff turnover. Word got around and many agencies began using this staffing pattern

Unfortunately, when the Department of Labor (DOL) found out about these arrangements, they said the employees who worked five days a week and slept in the homes Sunday through Thursday nights had to be paid for sleep time because they did not really reside on their employers' premises. Weekend "relief" employees did not have to be paid because they met exemption under "duty of 24-hours or more" (which will be discussed in an upcoming issue of *LINKS*). This came as a blow to the field because by this time these schedules had become common practice in many states. ANCOR explained the degree of the disaster to DOL and asked that the Wage and Hour Division (WHD) define what a phrase in 29 Code of Federal Regulations (CFR) §785.23 that mentions "an employee who resides on his employer's premises . . . for extended periods of time" meant.

ANCOR seeks flexibility

ANCOR suggested to WHD that if this could be defined as five days or nights a week it could be very beneficial to a growing field. It was not difficult to find employees who were willing to work this type of schedule, we told WHD, and it would help a growing population of adults with disabilities move from institutions and their family homes to more appropriate settings in the community. WHD agreed and opinion letters were written that provided considerable scheduling flexibility to providers. Unfortunately, once again some of the schedules created problems for DOL and in 1988 they released a broad enforcement policy that considerably limits potential schedules.

Residing on the premises for an extended period of time

The current WHD policy requires:

- "Private quarters" that are separate from other staff or the people supported in the home, and where the employees may leave personal belongings on their days off.
- Furnishings similar to those found in the bedroom of any home.
- "Home-like environment" typical of a family residence or apartment rather than a dormitory, barracks or short-term facility for travelers.
- The employee must reside on the premises for a period of at least 120 hours in a workweek (with one exception based on employee preference).
- The employee must be on duty at the group home and compensated for at least eight hours in each of five consecutive 24-hour periods; and
- Sleep on the premises for all sleep periods between the beginning and end of this 120-hour period.

Further: Any 24-hour period can be utilized and the eight compensated hours per 24-hour period need not be consecutive. As with other non-paid sleep arrangements, no more than eight hours may be deducted from sleep time, interrupted sleep time must be compensated and if the employee does not receive at least five hours of sleep, the entire sleep period must be compensated.

Pages 72 to 117 of the *ANCOR Wage & Hour Handbook* details WHD expectations regarding sleep time and mealtime, including a copy of the entire five page DOL policy, in addition to diagrams of staffing patterns that comply with WHD regulations and policies.

Author LINK: Joni Fritz is a Labor Standards Specialist whose guidance is free to ANCOR members and to those who attend a Wage and Hour Workshop or participate in a teleconference she that has conducted. Any ANCOR member who wishes to make arrangements for consultation or workshops with Joni must first contact Barbara Merrill, ANCOR Vice President for Public Policy, for a referral at (703)535-785, ext. 103 or bmerrill@ancor.org.



Articles

Siblings: Who Are They?

Barb Sapharas

While providers have always encouraged parental involvement siblings are becoming more and more a part of the discussion.



We all know who siblings are. They are our brothers and sisters!

Siblings, however, are not included as 'family' in the Family Medical Leave Act. How do I tell my mother that my brothers, Nick and Jim, are not part of my family? In the lives of our brothers and sisters with disabilities 'family' typically refers to parents, but we all know that family includes a wide variety of relationships, including siblings.

Actually, siblings often play a very important role in our lives. Our sibling relationships are often the longest relationships we have in life. They are often several of our firsts: playmate, friend, teacher, role model, buddy, advocate, protector, teaser, and if we want to be honest, our first tormentor. We love them but may not always like them!

Our relationship with each of our siblings varies. Society, in general, does not have expectations for siblings. Sibling relationships vary by family and individuals and have to be what works for both siblings involved. We need to remember that perspective is very individualized and not mandated or defined by others.

Providers can play a major role engaging and including siblings. When we use person centered thinking and planning, we ask people to identify their circle of support-people that they feel close to and trust.

First of all, do you know if the people you support have siblings? Do they want to be involved with their siblings? Do they want their siblings to be part of their circle of support?

We often have a lot of information about parents when we work with people but may need to specifically ask about siblings. We can also educate people who use services that their siblings can be involved and need to be invited by their sib if they are not the guardian.

There are many ways we can engage and involve siblings at a personal level:

- Find out if there are siblings
- Find out the person's interest in engaging and including their sibling
- Facilitate opportunities for siblings to connect and/or stay connected
- Include, with permission, siblings when gathering information about the person, their outcomes, what is important to them, and how to best provide support
- Recognize that the relationship may not be what we want it to be and that is okay

There are also ways to engage and involve siblings at an agency level.

- Share info about support for siblings
 - Sibling Leadership Network www.sibingleadership.org
 - State Chapters in some states, identified on the SLN website
 - Sibling Support Project www.siblingsupport.org
 - Online groups including SibKids, SibTeen, SibNet
 - "Like" Sibling Leadership Network on Facebook
 - "Like" State Chapter Sib Groups on Facebook
- Ask siblings to share info about their perspectives with staff-in-service training, etc.
- Ask siblings to write articles for your publications, highlighting how they work with providers to lead to meaningful outcomes for their brother or sister
- Ask siblings to share info with your professional organizations at conferences

Author LINK: Barb Sapharas (Nick's sister) is Vice Chair of the Sibling Leadership Network and Chair of the Ohio SIBS. She can be reached at 440-227-2338 or bsapharas@aol.com.



Member Musings

Comings and Goings

ANCOR members retiring, moving on and starting new positions.

St. John's Community Services

For over 30 years Tom Wilds, President/CEO and Genni Sasnett, COO brought leadership to St. John's Community Services. Through their vision and commitment, St. John's grew from a 'sleepy' small, private school in Washington, DC to a vibrant organization that supports people with disabilities of all ages in four states. Tom and Genni retired in mid-January. They were always major supporters of ANCOR– Tom became an ANCOR Legacy Leader in 2013.

Roger Deshares is now the President/CEO at St. John's. Roger brings a wealth of experience to St. John's. He is quite well known nationally and relocated to DC from Arizona. Roger is quite well known nationally and relocated to DC from Arizona. His experience runs the gamut from state DD Director, consultant, and CEO of a provider agency in Arizona.

Dungarvin

Mike Holmes recently ended his 20 year employment with multi-state provider Dungarvin, where he has held various positions including National Director of Operations, COO and Director of Development. As of January 31st, Mike transitioned into retirement as a Dungarvin employee, but he will move into a consulting only role for special projects. Mike, a long-time volunteer with ANCOR, was very active in our Performance Excellence Initiative and also on various other projects. He worked closely with many members of the ANCOR staff.

Oak Hill

Patrick J. Johnson Jr. has retired as president/CEO of Oak Hill after 45 years of managing human services in Connecticut. He became the 6th president of Oak Hill in its 120-year history in 2003. Oak Hill is the state's largest private nonprofit provider of services for people with disabilities. Patrick had previously served as Director of Catholic Charities for the Archdiocese of Hartford. Pat was a very supportive volunteer with ANCOR, serving multiple terms as Treasurer of the ANCOR Foundation Board.

Barry Simon is now the current CEO of Oak Hill. He brings 25 years of leadership in human services, with 17 served as the Executive Director of Gilead Services in Middletown, CT.

If a leader in your organization is leaving, retiring, etc., or have other important news to share about your agency, please send information to Jerri McCandless, ANCOR's Director of Member Relations, jmccandless@ancor.org.



Board Spotlight: Wendy Swager

Wendy Swager, CEO and Owner of Soreo and former ANCOR President, chats about what brought her into the intellectual and developmental disabilities field.

What brought you to this industry? Why the intellectual disability field?

During my first year studying psychology at the University of Newcastle, students were required to tour a very large institution for people with IDD. The 460 students were the subjects for a research project measuring attitude change. Following the tour, the Director asked for volunteers. One other student and I volunteered. I volunteered one morning a week and after a year



this turned into paid employment. My work was never a job; it was a mission. I was driven by the complete lack of legal rights afforded to people with IDD at the institution. There were toddlers, children and adults incarcerated without even the opportunity for legal representation or the hope that their sentence would eventually end.

I elected to do my thesis looking at stereotyped behavior in people who were institutionalized. This required me to find a professor who would supervise my research. I went from department to department. Every head of each department turned me down. I eventually went to speak to the head of 'Abnormal Psychology'. The professor stated to me "Wendy, I will supervise you but you need to know I will not go to that institution. As far as I am concerned those people are like weeds and should be mowed into the ground." Thus began my career!

What aspects of your work do you find most rewarding?

Proving that my professors were wrong!

I am the CEO and Owner of my own company. I love my work. I love the business aspects, the risk and the pressure to do more for less. I enjoy looking at innovation to improve the outcomes for people with disabilities and for the people and organizations that offer them support.

What makes your organization unique?

[Soreo](#) only offers 'in-home' support. We do not invest in bricks and mortar. There are no beds to be filled, only lives to support and help improve. We also offer a continuum of care. We offer Home Health as well as Hospice and Palliative care. We offer supports to people with IDD as well as people with disabilities as a result of age or a physical challenge.

What innovations in service delivery has your organization brought about? Or maybe, what innovative or new thing is happening/has happened at your organization?

Soreo is synonymous with innovation. We were the first agency in our area to offer in home supports across all disability groups. We were the first agency to hire and train workers who spoke no English. Today 66% of our workforce's primary language is NOT English. 70% of our workforce is the family member, friend or neighbor of the person they support.

Our latest innovation is the conversion of our Direct Care Workers (DCW) from an employment model to the independent contractor model. Our conversion is the result of five years of rate cuts and the inability to pay workers more. The IC model not only offers the opportunity for a worker to take home significantly more money, it also empowers them as a business person. They do not have a job. They own their own business. This is their career!

In order to offer the IC model and ensure that the DCW was protected from personal liability exposure if they were injured while working, Soreo had to create the equivalent of workers compensation insurance for DCWs in our state. In order to achieve this we partnered with two national corporations.

Where do you see your organization in 10 years? What are the greatest challenges your organization must overcome to get there? How are you addressing those challenges?

Soreo's IC model will change our industry. The national deficit and ever increasing cost of Medicaid will drive all states to adopt "in home" services as their primary delivery model. This will be supported through managed care. The cost effectiveness, increased quality and satisfaction with the IC model will drive it to become the dominant work model over the next 10 years.

We have embraced the challenges and will be fully converted by the end of the year. Our DCWS will take home approximately 20% more income. We believe this will result in unprecedented growth. In order to prepare for this we have invested in technology to support more rapid billing and thus improve our cash flow.

What programs do you have in place to develop DSPs?

Our DSPs/DCWs are business owners with career paths. We provide on-going education and support to ensure their continued success as business owners. This includes an on-line system where they negotiate their settlement (rate of pay), document their worked hours and upload their receipts and other tax deductible items that they will need as business owners. This would include items such as mileage or home office square footage. The system interfaces with their personal tax consultant who ensures that each DCW files their appropriate taxes and takes full advantage of every deduction and credit available. As business owners they need on-going education to support the growth and success of their business.

Soreo has also partnered with a national vocational school to provide their initial DCW training and continuing education.

How has ANCOR membership affected your organization?

ANCOR helps us innovate. We learn from other members and the association what innovations and best practices are occurring across the US. Simultaneously, through ANCOR, we can keep an eye on the changes that are coming from the government. We can watch legal and political decisions that are rolling out and better prepare for the changes.

We also get emotional support from other members. We know we are not alone and have peers who are just a phone call away who support us during those dark hours when frustration can exceed patience. Or when options are enclosed inside the box and there is no obvious key. ANCOR is our key to business solutions.

What do you wish more people understood about our industry?

I wish the government and general public recognized us as an industry. We are still viewed as "do gooders" who don't need to be fairly compensated. We do the same work as other related industries and receive significantly less compensation. For example, I can employ a C.N.A. either through "in-home services" or through hospice. The DCW/ C.N.A. may do the exact same work to support the person with a disability but hospice funding allows me to pay the worker at approximately a 50%

higher rate of pay. A trained and experienced DCW in our state is equivalent to a trained and experienced C.N.A. Their compensation should also be equivalent.

If you would like to be considered for a member spotlight article, please contact Beth Hawley, Communications and Social Media Specialist, at (703) 535-7850 x 106 or bhawley@ancor.org.



Did You Know

Did You Know: Office Depot



Did you know Office Depot offers ANCOR members significantly discounted pricing on more than 1,200 consumable office supplies, office furniture, technology and print document services? Click [here](#) for more information.

"Office Depot has provided us with the best value, pricing and selection for our office supplies. This is especially important because now we don't have to negotiate every time we purchase. We also appreciate their genuine customer service. Thanks to ASC's Shared Resources Purchasing Network we look forward to the discounts on Office Depot's supplies and services!"

Jamal Malone
National Children's Center



A Word From Our Sponsors

Should An eMAR Be Your Top Priority For 2014?

Dana Ingle

Quantum Solutions offers its eMAR product as a way to improve workflow and reduce costs.



Welcome to 2014! It is a new budget year and executive management must make crucial business decisions on where to allocate their financial resources. One line item that gets increasingly tricky is in IT. There is little argument that workflow improves with electronic documentation and its corresponding reporting tools for management. And most of us would agree that there is an ROI when using automation for billing. With these deliberations – another critical question must be asked. Is this the year we implement an eMAR (electronic medication administration record) if we have not already done so? And if not, should this be a top priority? We believe there are two compelling reasons why it should be, and not just because of its impact on your bottom line. Let us explain and then you decide

Besides saving time in monthly reconciliations of printed physician's order sheets and other paper processes, the first compelling reason for implementing an eMAR is increased medication efficiency. In a paper-based medication administration environment, a nurse typically uses a medication cart with a large stack of paper MARS for each med pass. In an eMAR environment, the nurse would use a laptop or thin client computer on top of their carts to enter in the medication administration record. Nurses proceed with the med

pass, taking note to crosscheck the information on the screen with the drugs selected from the cart and then record the event and results of the administration. The eMAR also provides the staff with a clear view of the individual's medication record and shows drug monographs and quick access to your agency's protocols. As an added safety measure, bar code scanners should be used to confirm the identity of the individual and name, dose and time of med pass administration. Thus, the use of the eMAR ensures management that all medications are passed in an organized and accurate fashion and ensures timeliness of the actual med pass.

The second compelling reason for an eMAR is your consumer or individual's safety. With an order-entry-system driven eMAR, transcription errors are no longer a concern. In addition, your eMAR should also warn nurses of an adverse drug event such as drug and allergy reactions or harmful medication errors with visual or audio alerts. Another area is the compounding of medications. For example, keeping track of the total number of milligrams of Tylenol in the various medicines can be daunting and yet imperative to avoid an overdose event. An eMAR can do this automatically. Another safety measure is an eMAR can prompt a nurse to check vitals before passing certain medicines. Your eMAR should also allow you to sort medications by time of med pass or by type of drug. This way you can have a treatment nurse whose main job task is to administer injections or give controlled substances.

Your eMAR system should have management reports that address the dispensing of medications as a whole. For instance, when surveyors request data on the use of a specific medication at your agency, or perhaps administered PRN's, you should be able to run a report to determine which individuals are taking it. In addition, variance reporting provides the data to analyze the time pass when the nurses are administering the medications. If the report indicates time issues, your director of nursing has the data to address it. In short, your eMAR should facilitate a safety net for the individuals that you serve and at the same time, greatly enhance your nursing staff's workflow.

The well being of your individuals and nursing staff's efficiency are the two compelling reasons but one has to address the bottom line. One error can be devastating and thus significantly impact an agency's financial outcomes and reputation in the region. The negative publicity is hard to overcome. More important is the impact this error could have on the individual's well being and the resulting staff morale. This can take a long time to recover. Lastly, because an eMAR automates so many manual processes, the use of an eMAR can save your agency literally hundreds of hours of staff time just by improving the accuracy of the medication administration and billing records.

If this has you convinced the next question you should ask yourself is what is the desired end? Is the eMAR enough? What about the other medical data we need to collect to support the life quality of our individuals? Equipment checks, treatment administrations, physicians orders, nursing notes and nursing case tracking – all are examples of associated medical service tracking requirements. Why not integrate ALL of these requirements in a single, connected system? We make it simple. ANCOR Members receive (at no additional cost) the MedPack Advantage. This includes an integration hub to connect FlexMAR to the full Quantum Enterprise medical system and a choice of up to three integrated medical packages.

You can learn more about the FlexMAR system [here](#).

Contact Jaime Young of Quantum Solutions today for an online demonstration to see how FlexMAR can become the turnkey of your medical management system. Her email is Jaime@qscorpio.com and the phone number is 217-632-3066 ext. 142.

Author LINK: Dana Ingle is the Director of Business Development for Quantum Solutions Corporation and can be reached at dana@qscorpio.com or 217-632-3066, ext. 140. Quantum Solutions is a proud ANCOR Gold Partner.



Swing for a Smile

George Knuteson

The **WhisperGLIDE®** swing offers a variety of emotional and physical health benefits, but nothing beats the smiles it brings out.



Have you ever seen a smile from the people you serve that you did not relish? The **WhisperGLIDE®** swing is setting smiles in motion across the country. Even simply watching individuals swing together makes one smile!

"I call it serenity in motion and I wish they had it in more facilities I visit."

Roni Santone, a companion aide
Human Resources Center of Carbon County, Jim Thorpe, Pennsylvania

WhisperGLIDE® swings not only bring smiles but serve a greater purpose. The swing fulfills a variety of needs.

- Need to address restlessness, loneliness and depression.

- Need to create stress free, face-to-face time with peers, staff, volunteers and family.
- Need to provide more meaningful moments that bring smiles, laughter and a relaxed spirit.

*“The **WhisperGLIDE®** swing is a product that meets a specialized need. It is an incredibly adaptive piece of equipment. The swing has unparalleled sensory stimulation. Residents can receive upper extremity movements in a relaxed atmosphere.”*

Jennifer Szajacs Strohl, CTRS
Good Shepherd Homes, Allentown and Bethlehem, PA

And the best part? It’s a simple, cost effective means to accomplish all of the above on demand without electricity, fuel or costly equipment.

The wheelchair accessible **WhisperGLIDE®** swing is a one-of-a-kind answer to all of the above challenges. **WhisperGLIDE®** offers fun and relaxation for all ages and ability levels and provides moments where it feels that obvious differences disappear because the gentle gliding action “levels the playing field.”

“The swing allows children and adults to transcend their disability and enjoy the simple pleasure of swinging. It’s a unique therapeutic tool for physical therapy in a natural environment.”

Julie Cole, Director of Development
Westminster Care, Orlando, Florida



Celebrate the moment — to many the moment is all they have.

Author LINK: For more information on the **WhisperGLIDE®** swing contact George Knuteson at **WhisperGLIDE** Swing Company, 1 (800) 944-7737 or go to www.whisperglide.com.



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