Therapeutic Motion for Memory Care

with the *Whisper*GLIDE Swing

PART ONE
Others Say It Best

PART TWO
Written by Carly Hellen, OTR/L

Adapted from
Alzheimer's Disease: Activity Focused Care
by
Carly R. Hellen, OTR/L
Consultant
Former Director of Alzheimer's Care, The Wealshire, Lincolnshire, IL
Former Nursing Home Services Director, Rush Alzheimer's Center, Chicago, IL
Author
Alzheimer's Disease: Activity Focused Care
A comprehensive manual of practical and innovative care strategies
AMA primary physician guidelines
Long-term management of Alzheimer's Disease
Video
"Dealing with Physical Aggression in Caregiving..."
Respectful, humane ways to preserve dignity and safety of Alzheimer residents

Others Say It Best

Alzheimer's and Related Dementia

- The WhisperGLIDE enables our dementia residents
  to stay connected without saying a word.
  Brooke, Director, Recreational Therapy
  Hillview Health Care Center, LaCrosse, Wisconsin

- Our residents love this room and use the glider **24 hours a day**...
  Mary Petrie, Program Manager, Alzheimer Unit
  University Good Samaritan Center, Minneapolis, Minnesota

- ... Staff members often use the swing's restful motion
  to **calm agitated residents.**
  Jackie Terpstra, Administrator
  Rest Haven West . Downers Grove, Illinois

- Non-verbal residents will **light up**
  and even start singing with the swinging motion.
  Emily Adkins, CTRS
  Heather Hill Special Care Center , Chardon, Ohio

- They live in a world of their own...
  To see them enjoying the *Whisper*GLIDE is **our reward.**
  Charlene Lucia, Director
  Alzheimer's Day Center , Macon, Georgia

- We are very pleased with the response from our staff, residents and families... and **highly recommend it** to other health facilities.
  Melissa J. Henry, MT-BC
  Corinne Dolan Alzheimer Center , Chardon, Ohio

- When staff senses agitation...we immediately begin rocking...
  It takes **about 30 seconds** to restore their tranquility.
  Shirley Connor, Recreation Coordinator
  MN Veterans Home, Luverne, Minnesota

PART TWO

> The *Whisper*GLIDE® Swing is an outstanding mechanism for providing residents with cognitive, physical, and psychological opportunities for therapeutic wellness.
> The possibilities for the integration of sensory stimulation enable the facilitation of the residents' overall sense of wellbeing.
>
> *-Carly R. Hellen, OTR/L*

CHAPTER ONE

The *Whisper*GLIDE® Swing Activity Analysis and Therapeutic Values*

An activity analysis provides a detailed awareness and interpreted understanding of the multiple opportunities provided by the use of the *Whisper*GLIDE swing. The Swing's therapeutic values, therefore, can be incorporated within the personalized desired outcomes to be provided from the activity of gliding.

I. Benefit Components and Possible Outcomes
II. Possible Risk Components

CHAPTER TWO

Incorporating *Whisper*GLIDE® Swing Activity into the Resident's Plan of Care*

CHAPTER THREE

Procedures for Use of the *Whisper*GLIDE®

I. Resident Selection Considerations
II. Basic Safety Factors
III. Moving onto the Swing
IV. Seat Placement Issues: Resident / Companion / Staff / Family
V. Swinging on The *Whisper*GLIDE
VI. Moving off the Swing

*Information included in this report (indicated by a *) is adapted from *Alzheimer's Disease: Activity Focused Care* Hellen, C. Second Edition, Butterworth-Heinemann, 225 Wildwood Avenue, Woburn, MA 01801

CHAPTER ONE

The *Whisper*GLIDE® Swing
Activity Analysis and Therapeutic Values*

I. Benefit Components and Possible Outcomes

A. Sensorimotor Components

1. Sensory Awareness: Opportunity to receive and incorporate sensory stimulation reception and differentiation of sensory stimuli.
2. Sensory Processing
   a. Tactile: Interpretation of touch received through feet, long leg muscles, back, hands, as the swing moves.
   b. Proprioception: Reception and interpretation of stimuli responding to muscles, joints and other internal tissues as the body weight is shifted in a forward and back motion, giving information about the position of the body in relation to its parts and overall self awareness of one's body in space.
   c. Vestibular: Movement of the head receiving input from the inner ear receptors regarding appropriate head positioning and movement.
   d. Visual: Increased awareness from objects, persons and the overall environment due to increased stimulation as the swing moves.
   e. Auditory: Increased awareness of changing source of sounds as the swing moves.
   f. Gustatory: Opportunity by using the swing's tray to hold food and drink.
   g. Olfactory: Opportunity to use the swing tray to hold fragrant flowers and / or foods.

B. Neuromuscular Motor Components

1. Range of Motion: Body movement, especially if active movement is involved including moving onto or off the swing plus the action of swinging.
2. Muscle Tone: All body muscle movement adds tone depending on the degree of tension or resistance experienced in a muscle or muscle group.
3. Strength: Dependent on amount of actual involvement in the propelling of the swing.
4. Endurance: Dependent on the time factor of swing use.
5. Postural Control: Response to positioning of the body on the swing seat, the body's center of gravity placement, appropriate weight shifting.
6. Gross Motor Coordination: Exhibited when moving into, out of the swing and also if involved in the swing's overall movement.

C. Cognitive Components

1. Level of Arousal: Increases overall stimulation resulting in possible increased alertness.
2. Orientation / Recognition: May provide an increase in overall orientation and awareness, promoted by an integration from the swing's sensory stimulation.
3. Attention Span: Continued focus on the activity of swinging may be increased because of the pleasantness and sensory stimulation of the movement may increase.
4. Memory / Reminiscing: Excellent source for reminiscing of past enjoyment of swings. their location, persons involved, time of year, etc.
5. Problem Solving; Provides stimulation to the thinking out of movements required to move on or off the swing and to assist with the movement / glide.
6. Judgment/Safety Awareness: Increases realization of need to move slowly/carefully.

D. Psychosocial Components

1. Socialization Opportunity
   a. Provides activity to interact with others, increasing possible awareness resulting in activating interpersonal skills.
   b. Stimulus for promoting conversation and increased socialization because all persons gliding are seated at eye level.
2. Shared Meaningful Activity: A possibly successful opportunity that requires only "being there".
3. Appropriate Non-Verbal Activity
4. Anxiety Reduction: Swinging usually provides a calming motion.
5. Apathy Refocusing: Compels the initiation of movement.

The possibility of residential risk, precipitated by the *Whisper*GLIDE, as with any therapeutic activity, is extremely minimal. Certainly with monitoring, especially the getting on/getting off process, any potential concern can be addressed and redirected.

Carly R. Hellen, OTR/L

II. Possible Risk Components

A. Sensory and Sensorimotor Components

1. **Tactile**
   a. "Wind" on the face and arms may be frightening
   b. Sunlight and / or heat may be overwhelming, interfere with medications.
   c. Pressure of the body on the seat and/or metal surfaces may cause anxiety.
2. Vestibular: Body's position in response to the stimulus received by the inner ear may increase anxiety and/or agitation, possibly causing dizziness.
3. Visual: Objects and persons in the environment "moving" as the swing moves may lead to possible nausea and/or dizziness.
4. Gustatory / Olfactory: Negative response possibly when food/drink are consumed during the swing's movement.

B. Neuromuscular/Motor Components

1. Endurance: May experience fatigue, possible shortness of breath from swinging, especially when actively involved in the swing's movement.
2. Postural Control: Sitting while moving may become compromised leading to slouching down or excessive leaning forward and/or to the side.
3. Parkinson-like Type Movement Escalation: The compactness of the swing's floor, table and seat area may exasperate over-all muscle tone rigidity and increase difficulty in walking, turning, moving onto and off the *Whisper*GLIDE.

C. Cognitive Components

1. Level of Arousal: May lead resident to an increase of alertness or a decrease of cognitive ability that becomes reflected as discontent/depression.
2. Orientation/Recognition: Resident may become disorientated due to the uniqueness and the movement of the swing and the environment.
3. Attention Span: Swinging may reduce the focus abilities and/or concentration and may shorten the resident's usual ability to center.
4. Memory/Reminiscing: Memories of not enjoying a swing may lead to anxiety, sadness.
5. Problem Solving: The swing's movement could reduce the resident's abilities to sequence the tasks of moving onto or off the swing.
6. Judgment/Safety Awareness: The swing's movement and environmental stimulation may cause a startle reflex leading to the unsafe grabbing of swing parts or attempts to stand up with the swing in motion.

D. Psychosocial Components

1. Socialization Incompetence: Resident may not like the other persons on the swing and become agitated that he/she is supposed to interact since they are all in the same activity at such close proximity.
2. Sharing of the Swing: Resident may not want to share, demanding complete ownership or wanting to control the opportunity to pick and choose who is involved.
3. Inappropriate Non-verbal Activity: The visual, motor and perceptual factors may lead to calling out or other difficult non-verbal communication factors.
4. Anxiety Stimulation
   a. Resident may feel trapped, confined.
   b. Resident may feel out of control due to swing's movement, especially to start or stop.
   c. Resident may not enjoy the sensory responses to the movement.
   d. Resident may have had a difficult or anxiety-producing past experience on a swing which may trigger anxiety.

CHAPTER TWO
Incorporating *Whisper*GLIDE® Swing Activity into the Resident's Plan of Care*

I. Identify the resident's strengths and abilities related to safe and enjoyable *Whisper*GLIDE participation.

Refer to Part One, I. Benefit Components and Possible Outcomes.

II. If a concern, identify the risk factors that may prevent the *Whisper*GLIDE from being a positive therapeutic experience.

Refer to Part One, II. Possible Risk Components.

III. Identify the resident's difficulties, care challenges and problems to be addressed by the therapeutic values, promoted and provided by the use of the *Whisper*GLIDE.

Examples: restlessness, anxiety, agitation.

IV. Using an interdisciplinary team and the resident, whenever possible, develop a reasonable goal and/or desired outcome that can be measured within a certain period of specified time, being specific.

Examples:

1. Length of time on the swing
2. Desired period of arousal
3. Desired period of calmness
4. Desired social responses to be achieved
5. Verbal responses to induce
6. Non-verbal response indicators
7. Specific behaviors to support
8. Specific behaviors to reduce
9. "After swinging" outcomes that include the length of time for the desired responses to be experienced by the resident

CHAPTER THREE

Procedures for Use of The *Whisper*GLIDE®

I. Resident Selection Considerations

A. Residents who appear to have an interest and who display comfort when approaching swing.
B. Residents who have cognitive, physical and psychosocial abilities to receive benefit from swinging.
C. Residents' overall mood as expressed verbally and non-verbally to the appropriateness of the timing of the swing ride.
D. Residents who can accept persons with them during the activity.
E. Refer to Part One, I. Benefit Components and Possible Outcomes. Incorporate this information into the selection process.
Whenever possible, offer the resident the choice of participating, or not, in the swing activity.

II. Basic Safety Factors

A. Identify the kind and amount of assistance needed to assure resident safety.
B. Residents needing to self-propel and/or walk on or off the swing require an awareness to do so in a safe manner.
C. Realize the swing is a moving mechanism. Safety includes the resident's ability to stay seated, sitting upright, until the movement stops.
D. Be aware of the resident's ability to maintain a functional, safe posture and position while swinging.
E. Be cautious with residents who want to grab at nearby objects.
F. Always provide visual monitoring during the use of the swing.
G. Do not leave residents alone on the swing unless you are sure that they are comfortable in their independent ability to move on/off the swing.
H. Follow all safety directions included in the *Whisper*GLIDE Owner's Manual.
I. Refer to Part One, II. Possible Risk Components.

III. Moving onto the Swing

Note: Refer to the guide Using the *Whisper*GLIDE and the *Whisper*GLIDE Owner's Manual for general swing entry, exit, and use procedures, and safety precautions.

A. Swing entry through the standing/walk on entrance ("two-bench" swing, or "bench-side" of the wheelchair-accessible swing)
1. Engage the lock-up shafts to prevent movement.
2. Face the resident directly towards the opening to the seat area.
3. Encourage holding onto the table handrail, the table push-pull bar or the upright swing hanger nearest the selected seat.
4. Most residents will head towards one side of the swing or the other. Choice of the seat will be determined by the resident's weight bearing or stronger leg. The "strong" leg is placed on the platform first and used to propel the resident onto the swing.
5. Encourage a half turn of the body, facing the center of the swing, then side-stepping before centering the body for sitting down onto the seat.

Suggestions:

If the resident experiences Parkinson-like type muscle rigidity, have him/her count with the number of moves it takes to get into the swing. Distract the resident from fixating on the inability to move freely due to an increased rigidity or "freezing" of the trunk and legs by singing, therefore setting a rhythm for a more normal and fluid body movement.

If the resident does not have the cognitive ability to follow directions, offer cues using hands and pointing, or, if possible and safe, climb on the swing first and pat the seat beside you. If the resident is hesitant to enter the swing, offer an item, e.g. a teddy bear, to take for a ride.

To encourage moving onto the swing, ask; "Would you please show me how to get on the swing?" or:"I really need your help. Would you hold this doll and take her for a ride?"
Place food or items on the swing table and/or seat which might peak the resident's interest.
To provide more sensory input and encouragement for the resident, use anti-skid strip (used for carpet on stairs) and wrap the upright swing hanger at an appropriate height.
Encourage resident to hold onto this support when entering the swing. To encourage grasp, use the same type of strip on the table handrail.

As a visual cue, place a cut-out contact paper footprint on the swing's platform. If the colors of the platform and floor surface (inside or outside) are the same, define the platform's edge with contrasting tape to enable a safe entry onto the swing.

B. Swing entry with a wheelchair (on the wheelchair-accessible swing)
1. Lock wheelchair brakes. Then, engage the lock-up shafts to prevent swing movement.
2. Lower the wheelchair ramp.
3. While holding the wheelchair, unlock the wheelchair brakes. Invite the resident to ride on the swing, informing them of each step of the entry process.
4. Monitor foot safety and placement as you roll wheelchair onto the ramp and wheelchair platform. Singing with the resident may help to reduce anxiety during the load process.
   Use caution if the resident is prone to reach out and grab at nearby objects, such as the supportive structures/uprights.
5. Lock the wheelchair brakes, then return ramp to upright position.
6. Adjust front stop bar to secure wheels. Release the swing lock-up next to the wheelchair.
7. Seat yourself on the bench. Release the lock-up next to the bench.

IV. Seat Placement Issues: Resident/Companion/Staff/Family

A. Select companions who will enjoy each other's company.
B. Sit across from resident if possible so eye contact and facial monitoring can be maximized.
C. Realize that the vestibular effect of the ride will change depending on the resident's center of interest and eye contact.
D. Select the resident's seat dependent on the desired outcome, for example, the resident, with a short attention span, who faces the companion and a plain wall or scene will be better able to focus and participate in active and social interaction.
E. Be aware of lighting, glare, movement of others in the area, etc, when selecting an appropriate seat for the resident.

V. Swinging on The *Whisper*GLIDE

A. Begin the swinging activity in small increments of time, up to 5 minutes for the first swing. Increase the amount of time depending on acceptance of the swing.
B. Monitor the resident carefully so that the swinging is an enjoyable experience.
C. Observe resident, stop the swing if there are indications of unrest, physical difficulties, etc.
D. Stop the swing if resident is having difficulty with vestibular stimulation demonstrated by resident shifting in the seat in an effort to change front to back motion or the head turned toward the shoulder in order to get away from the "front/back" stimulation and sensation.
E. Assess the resident's responses, picking up on cues as to desire for conversation, sharing of an activity while gliding, etc.
F. Employ all safety procedures for the swing.
G. Away you go … enjoy!

VI. Moving off the Swing

A. Swing exit through the standing/walk on entrance ("two-bench" swing, or "bench-side" of the wheelchair- accessible swing).
1. Engage the lock-up shafts to prevent movement.
2. Have the resident stand in preparation for exiting the swing, hands placed on the tablr handrail which are attached to the floor handrail.
3. Resident then side-steps toward the opening, turns as much as possible in the provided space, moving the hand closest to the point of exit onto the swing hanger.
4. Determine the assistance necessary for the resident leaving the swing, and the appropriate assistance ready and able to help.
5. The resident then steps off the swing, "weaker" leg down first, so that the "strong" leg maintains the body's weight for the move by remaining on the platform until the first foot reaches the ground and has time to become stabilized.
6. The resident then totally moves off the swing.
7. Refer to Part Three, III. Moving onto the Swing.
Some of the ideas may help to facilitate the resident's rhythm, while decreasing the potential for body rigidity.

B. Swing exit with a wheelchair
1. Secure the swing lock-ups. Then, lower the wheelchair ramp.
2. Unlock the wheelchair brakes. Monitor foot safety and placement as you slowly roll wheelchair backwards over the ramp and onto the floor.
3. Lock the wheelchair brakes. Then, return ramp to upright position.

*Whisper*GLIDE Swing Company
1-800-944-7737
www.whisperglide.com
eMail: swings@whisperglide.com

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