

Panel 4

Enhancing Driving Performance

Rehabilitating Drivers

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Concerns about Driving:

- Are not about Age, they are **about Function**
- Require assessing a minimum skill set
- Challenge one's role as "driver"
- Challenge critical roles involving others
 - Transporting grandchildren and peers
- *Require an evaluation option that looks at that driver as an individual*
 - *Potential to over or under restrict*

Concerns about Driving:

- **What *can I do*?**



Driving Rehabilitation

- Originated to address driving for persons with disabilities
- Evolving to address the needs of seniors and persons with medical conditions

Franklin D. Roosevelt used Hand Controls





Purpose for Evaluation & Tx

Readiness & the potential to drive safely?

- ***Novice driver ...at any age!***
- ***Education, self-awareness guiding self-limiting behaviors***
- ***Resume driving following a medical event***
- ***Restrictions***
- ***Adaptive equipment and vehicle modification***
- ***Lessons and training***

Progressive decline, when to stop?

- ***Warning signs, screening, evaluation***
- ***Caregiver Training***
- ***Transitioning and guidance toward appropriate transit options***

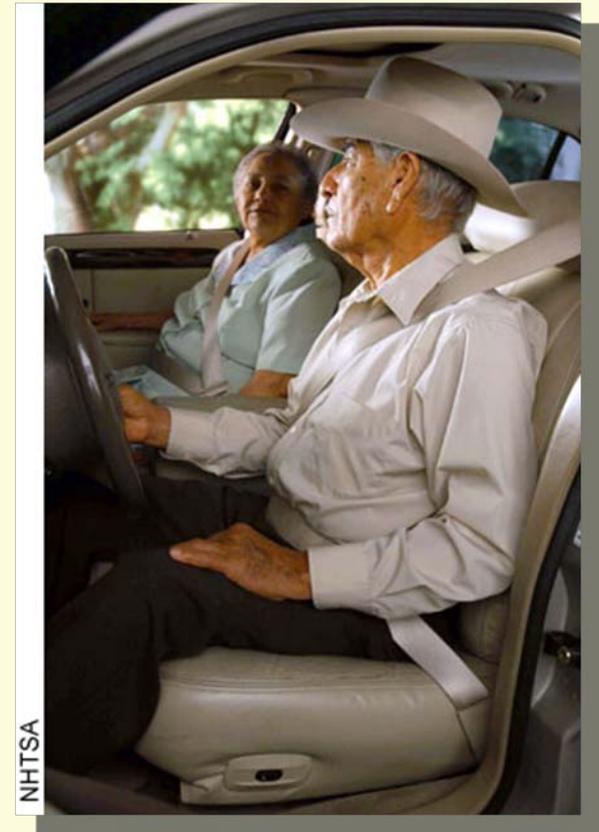


Who Administers a Driving Evaluation?

- **DMV / licensing authority**
 - Knowledge and basic vehicle control
 - Structured, usually pass/fail and binding
- **Physician**
 - Clinical
 - Recommendation to the licensing authority
- **Driving Schools**
 - Rules and vehicle control on the road
- **Driver Rehabilitation Specialist**
 - Comprehensive Driving Evaluation:
 - Clinical assessment of sub-skills
 - Performance in context - **On the Road**

The Comprehensive Driving Evaluation Includes:

- Client History
 - Diagnoses
 - Secondary Diagnosis
 - Medications
 - Driving Experience
 - Type of Vehicle
 - Goals



Physical Assessment

- **UE & LE Strength and Range of Motion**
- **Reach**
- **Diagnosis related considerations such as pain or arthritis**



Physical Assessment

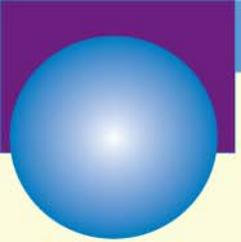
- **Ability to get in and out of the Vehicle**



Vision and Perception

- **Acuity**
- **Contrast Sensitivity**
- **Peripheral vision**





Cognition

- **Attention and Concentration**
- **Direction Following**
- **Judgment**
- **Insight**
- **Memory, Planning**
- **Decision making and Organization**

Behind the Wheel Assessment

- **Vehicle entry & exit**
- **Operates controls**
- **Maneuvers, turns, backing and parking (& Highway)**
- **Response speed**
- **Judgment & decision making**
- **Safety & rules of the road**

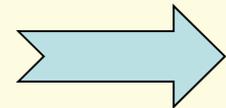




Several Possible Interventions

- **Those who can resume or continue...**
 - **Remediate sub-skills**
 - Referral to clinical setting to improve strength, stamina, attention, etc.
 - **Build awareness**
 - **Develop compensation strategies**
 - **Prescribe and train in the use of adaptive equipment or modifications**

A few examples

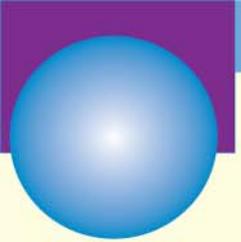


Steering, acceleration & braking

- **Hand controls**
- **Extended foot pedals**



Photos courtesy of The National Mobility Equipment Dealers Association (NMEDA)



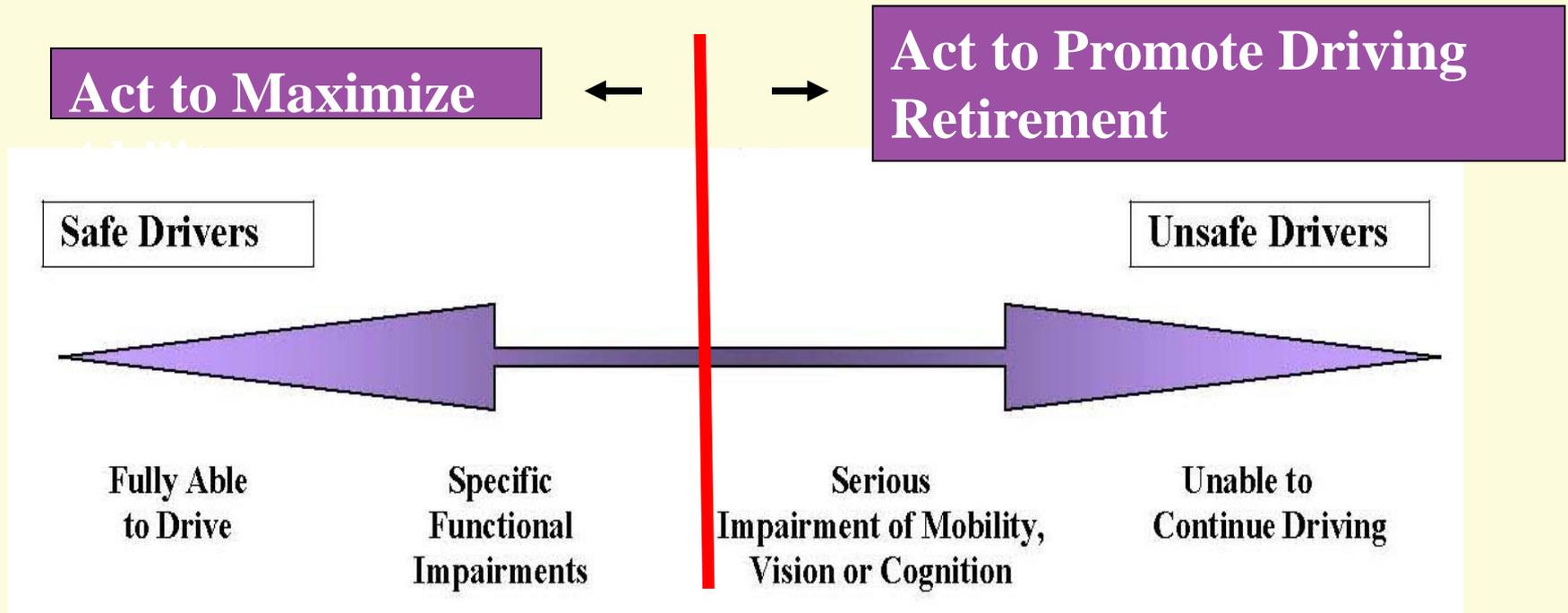




Several Possible Interventions

- **Those who cannot...**
 - **Mobility Counseling**
 - Engage family / support system
 - **Transition to safe alternatives**
 - Possible referral
 - **Cessation strategies (Dementia)**
 - **Support and educate client and family**

A Spectrum



From The Drivewell Speaker's Toolkit www.asaging.org/drivewell



Thank you!

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AOTA Older Driver Initiative

- **To increase the capacity to address driving and community mobility**
 - Program development
 - Define emerging practice domains
- **To advocate for the mobility needs of persons aging with medical conditions**
- **To build networks and community collaborations**
 - CarFit

www.Car-Fit.org



- Safe, positive, applicable education about person-vehicle fit
- Fosters a collaboration:
 - Occupational therapy and Rehab professionals
 - Physicians / providers
 - Agencies serving seniors
 - Local programs, community providers, senior residences, faith communities, etc





Physically or Mentally Competent	Perceived competent	APPROPRIATE
	Perceived incompetent	inappropriate restriction
Physically or Mentally Incompetent	Perceived competent	At risk
	Perceived incompetent	Appropriate restrictions

Dobbs, A.R., & Dobbs, B.M. (2000). The role of concordance between perceived and real competence for mobility outcomes. In K. W. Schaie & M. Pietrucha (Eds.), Mobility and transportation in the elderly (pp. 251-267). New York: Springer Publishing.

Occupational Therapy Process for Driving and Community Mobility

Occupational Profile
Domain: Area of Occupation
Valued IADL: Community Mobility

- Where does the client need to go?
- How can they get there?
 - Walk
 - Drive
 - Family and friends
 - Public Transit
 - Paid Transit (private, taxi)
 - Other

Driving is identified as a valued occupation

Observe Performance of complex IADL
 (Evaluation of vision, cognition, motor, perception)

Strengths, Weaknesses, Resources

Goals and Plans for:

- driving
- walk
- transition to passenger

Are there impairments that trigger problem with driving?

No

Yes

Maybe

Mild impairments may affect driving

Refer to MD

Is it possible to drive in the future?

No

Yes

Choice

Intervention for Impairments: Prepare for Skills/ Knowledge of Driving

- Remediate Skills
- Compensate
- Train Skills

Evaluation and/or Training by Driver Rehab Specialist

Educate Client/Family On Alternatives:

- Caregiver Training
- Dementia intervention
- Cessation training

Choice

Recommend Intervention

Recommend Cessation

Consider Reevaluation

Recommend Restrictions

Address Other Domains if Needed

Recommend Return to Occupation of Driving

