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Objectives

- Understand the impact of driving and the implications on one's independence in our society
- Recognize the basic components and different types of driver rehabilitation programs
- Appreciate the effects of disability, aging, and functional impairments that impact driver capability
- Explore adaptive driving equipment, vehicle modifications, and transportation options

Driver Rehabilitation-Introduction

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The Driving Facts

- Driving is an Instrumental Activity of Daily Living—a cornerstone for independence in our society
- Rite of passage, symbol of autonomy and independence
- Car ownership and driving are highly correlated with independence and life satisfaction in older adults¹
- After injury or illness, safe community mobility, and driving skills can be impaired
- Lack of community mobility/driving can lead to social isolation, and is associated with a variety of health conditions including depression²

¹Choi et al., 2014; Fonda et al., 2001; Marottoli et al., 1997; Ragland et al., 2005
²Ragland D, Satariano W, MacLeod K. Driving cessation and increased depressive symptoms. The Journals of Gerontology Series A: Biological Sciences and Medical Sciences. 2005; 60(3):399-403.
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Relationship to Independence

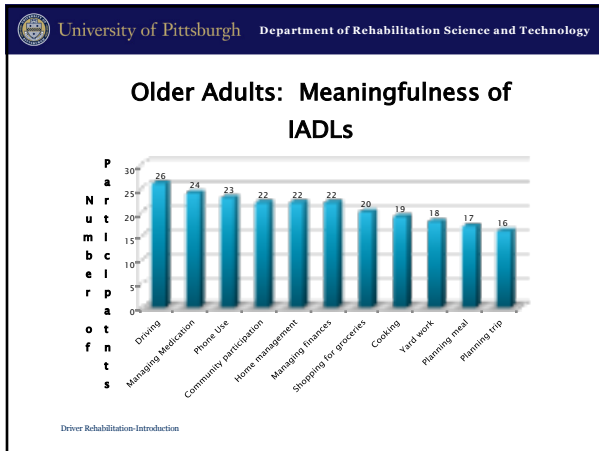
Evidence: The perception of the meaningfulness and performance of instrumental activities of daily living from the perspectives of the medically-at-risk older adult and their caregiver.

Source: Dickerson, Reistetter, & Gaudy, 2012
Journal of Applied Gerontology

Instrumental Activities of Daily Living

- ▶ Shopping for groceries
- ▶ Planning a meal
- ▶ Cooking
- ▶ **Driving**
- ▶ Planning trips
- ▶ Community participation
- ▶ Home management
- ▶ Yard work
- ▶ Financial management
- ▶ Medication management
- ▶ Phone use

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What is Driver Rehabilitation?

Consists of evaluation, training, and vehicle modification recommendations for drivers and passengers with disabilities and age-related impairments as well as counseling and supports in the pursuit of maintaining mobility within the community

Best Practice Guidelines for the Delivery of Driver Rehabilitation Services (2016), Association for Driver Rehabilitation Specialists (ADED).

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Driver Rehabilitation-History

- In the US
 - Department of Veteran Affairs, 1970s
 - Association for Driver Rehabilitation Specialists (ADED), 1977
 - National Mobility Equipment Dealer's Association (NMEDA), 1989
 - American Occupational Therapy Association (AOTA), 2003

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Driver Rehabilitation

Who is involved?
Key players?

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Return to Driving-Collaborative Effort

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graph TD
    Driver((Driver)) --- DMV((DMV))
    Driver --- Physicians((Physicians))
    Driver --- FundingSources((Funding Sources))
    Driver --- Family((Family))
    Driver --- HealthcareProfessional((Healthcare Professional))
    Driver --- MED((MED))
    Driver --- DriverRehabSpecialist((Driver Rehabilitation Specialist))
    Driver --- VehicleEquipRep((Vehicle Equip Rep))
  
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Driver Rehabilitation-DRS

- Driver Rehabilitation Specialist (DRS)
- Plans, develops, coordinates and implements driver rehabilitation services for individuals with disabilities.
- Work with people of all ages and abilities.
- Requires specialized training and education.
- Typically conducts clinical and on-road assessments, equipment or vehicle modification recommendations, and training.

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Driver Rehabilitation-CDRS

- CDRS-Certified Driver Rehabilitation Specialist. Offered by the Association for Driver Rehabilitation Specialists.  www.aded.net
- Certification validates specialist's experience and knowledge in the field of driver rehabilitation.
- Certification maintenance requires criteria specific continuing education.


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How do we assess driver capability?



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Driver Capability Assessment

- AMA Physician's Guide to Assessing and Counseling Older Drivers
- Driving Simulators
- Family and caregiver report
- Self assessment
- State Driver's License Bureau (DMV)
- Driver Rehabilitation Programs

Driver Rehabilitation-Introduction

Spectrum of Driver Services: Right Services for the Right People at the Right Time
A description consumers and health care providers can use to distinguish the type of services needed for an older adult.

PROGRAM TYPE	Community-Based Education	Medically-Based Assessment, Education, & Referral	Specialized Evaluation and Training
DRIVER SAFETY PROGRAMS	DRIVING SCHOOL	DRIVER SCREEN	CLINICAL IADL EVALUATION
TYPICAL PROVIDER AND CREDENTIALS	Program specific: Instructor (CDL, ADAP and ADA Driver Training Agency) (Program)	Health care professional (e.g., physician, social worker, neuropsychologist)	Occupational Therapy Practitioner (Generalist or Driver Rehabilitation Specialist) ¹ Other health professional degree with expertise in Instrumental Activities of Daily Living (IADL)
Required PROVIDER KNOWLEDGE	Program specific knowledge: 1) Understand the needs of older drivers. 2) Understand the needs of older drivers. 3) Understand the needs of older drivers. 4) Understand the needs of older drivers.	Knowledge of relevant medical conditions, assessment, referral, and intervention processes. 1) Understand the needs and value of assessment tools, including simulation, as a measurement of fitness to drive. 2) Understand the needs and value of assessment tools, including simulation, as a measurement of fitness to drive.	Knowledge of medical conditions with implications to driving. 1) Assess the cognitive, visual, perceptual, behavioral and physical limitations that may impact driving performance. 2) Assess the client's driving, with assessment of an on-road performance. 3) Assess the client and caregiver needs, assist in decision about equipment and vehicle modification options available. 4) Understand the needs and value of assessment tools, including simulation, as a measurement of fitness to drive.
TYPICAL SERVICES PROVIDED	1) Classroom or computer based instruction for new drivers. 2) Enhance driving performance. 3) Enhance driving performance. 4) Enhance driving performance. 5) Enhance driving performance. 6) Enhance driving performance. 7) Enhance driving performance. 8) Enhance driving performance. 9) Enhance driving performance. 10) Enhance driving performance.	1) Counsel on risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 2) Counsel on risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 3) Counsel on risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 4) Counsel on risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 5) Counsel on risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 6) Counsel on risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 7) Counsel on risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 8) Counsel on risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 9) Counsel on risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 10) Counsel on risks associated with specific conditions (e.g., medications, vision, hearing, etc.).	1) Evaluate and interpret risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 2) Evaluate and interpret risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 3) Evaluate and interpret risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 4) Evaluate and interpret risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 5) Evaluate and interpret risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 6) Evaluate and interpret risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 7) Evaluate and interpret risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 8) Evaluate and interpret risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 9) Evaluate and interpret risks associated with specific conditions (e.g., medications, vision, hearing, etc.). 10) Evaluate and interpret risks associated with specific conditions (e.g., medications, vision, hearing, etc.).
Outcome	Provides education and awareness.	Enhances skills for healthy driving.	Enhances skills for healthy driving.

KDOP: Health professional degree with specialty training in driver evaluation and modification. ¹Occupational Therapy Practitioner (Generalist or Driver Rehabilitation Specialist). ²Occupational Therapist with Specialty Certification in Driving and Community Mobility. ³Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁴Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁵Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁶Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁷Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁸Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁹Occupational Therapist with Specialty Certification in Driving and Community Mobility. ¹⁰Occupational Therapist with Specialty Certification in Driving and Community Mobility.


Spectrum of Driver Rehabilitation Program Services
A description consumers and health care providers can use to distinguish the services provided by driver rehabilitation programs which best fits a client's need.

PROGRAM TYPE	DRIVER REHABILITATION PROGRAMS
LEVEL OF PROGRAM AND TYPICAL PROVIDER CREDENTIALS	BASIC Provider is a driver rehabilitation specialist (DRS) with professional background in occupational therapy, other allied health field, driver education, or a professional team of DRS or CDCM with LSP ¹ .
PROGRAM SERVICE	Offers comprehensive driving evaluation, training and education. May include use of adaptive driving aids that do not affect operation of primary or secondary controls (e.g., seat belt, mirrors, additional mirrors). May include transportation planning (transfer and options), transfer planning, and recommendations for clients as passengers.
ACCESS TO DRIVER'S PORTION	Requires independent transfer into DRS's seat. May make recommendations for active devices to assist driver's seat, transfer positioning, wheelchair securement system, and/or mechanical wheelchair seating device.
TYPICAL VEHICLE MODIFICATION: PRIMARY CONTROLS: GAS, BRAKE, STEERING	Assess DRS's controls. Primary driving control examples (in addition to low tech options): A) mechanical gas / brake hand control. B) left foot accelerator pedal. C) pedal extensions. D) park brake lever or electronic park brake. E) steering device (steering knob, or pin, or Cuff).
TYPICAL VEHICLE MODIFICATION: SECONDARY CONTROLS	Assess DRS's controls. Secondary driving control examples (in addition to low tech options): A) turner pedal. B) turn signal modification device, crossover lever. C) gear selector modification. D) key/ignition adapter.

KDOP: Health professional degree with specialty training in driver evaluation and modification. ¹Occupational Therapy Practitioner (Generalist or Driver Rehabilitation Specialist). ²Occupational Therapist with Specialty Certification in Driving and Community Mobility. ³Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁴Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁵Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁶Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁷Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁸Occupational Therapist with Specialty Certification in Driving and Community Mobility. ⁹Occupational Therapist with Specialty Certification in Driving and Community Mobility. ¹⁰Occupational Therapist with Specialty Certification in Driving and Community Mobility.

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What do Driver Rehab programs do?



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Driving Program Process

- Referral, intake, driving and medical history
- Clinical assessment
- On-road assessment
- Training-when indicated
- Vehicle and equipment assessment
- Recommendations

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The Clinical Interview


- Demographics
- Medical History
- Medications
- Seizure History
- Substance Use/Abuse

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The Clinical Interview

- Living Situation
- Employment
- Functional Status
- Transportation & Driving History/Needs
- Goals-client/family



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Clinical Assessment


- Vision Screen
- Visual-Perceptual Assessment
- Cognition
- Communication and Behavior
- Motor/Mobility Skills (including wheelchair or mobility device)
- Knowledge of Driving

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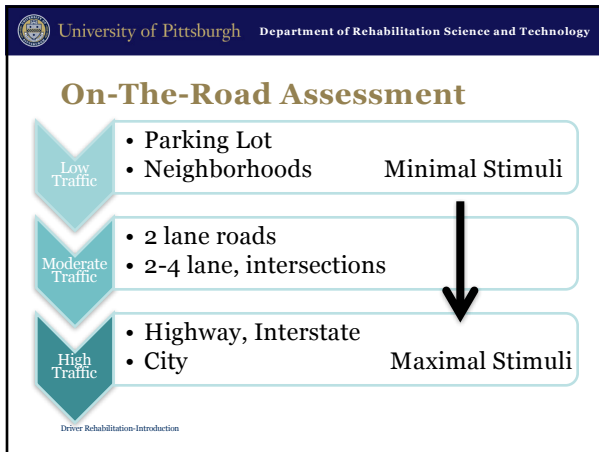
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On-The-Road Assessment

Best method to determine driver performance within the context of a real traffic environment



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Driver Rehabilitation Evaluation Outcomes

- Client ability, skills, insight
- Deficit areas
- Adaptive equipment/vehicle modifications
- Need for follow-up services
- Need for training, aptitude for training

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Evaluation Results


- Should not drive, counseling, review options, alternatives
- Additional training
- Re-evaluation
- Resume driving with restrictions
- No concerns, resume driving
- State exam or re-examination

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Department of Transportation Bureau of Driver's Licensing

- License Requirements
- Medical Reporting
- Medical Restrictions



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Medical Restrictions

- Physical and Mental Criteria
- Vision Standards
- Seizure Restrictions

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Driving is a highly complex and demanding task.


Medical conditions and age related changes, either physical, visual or cognitive, can affect driving ability.

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Common Clinical Diagnoses and their Implications for Driving



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Driving and....

- Aging
- Neurological Conditions
- Orthopedic Conditions
- Congenital/Developmental
- Chronic Health Issues
- Other


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Older Drivers: What's the Concern?




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Why are Older Drivers an Issue?

- Increasing number of older adult driving.
- From 2003 to 2013, 22% increase in drivers over age 50.
- 86% of Americans ages 65 & older continue to drive (in 2011, 16% of all licensed drivers).
- With this trend, by 2050, one in every four vehicle will be controlled by someone over 65 (and they will likely plan to drive more miles than those who drive today).


Driver Rehabilitation-Introduction *National Highway Traffic Safety Administration (2016)

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Older Drivers: What's the Concern?

- Rely on automobile transportation while living in suburban or rural communities-outside public transportation systems.
- Older drivers, especially those 65 and older, are more likely to sustain severe injuries when involved in a motor vehicle crash, especially in left-side impact crashes.

Driver Rehabilitation-Introduction *National Highway Transportation Safety Administration. Traffic Safety Facts 2006, and 2008.

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Older Drivers: What's the Concern?

- Older drivers are safe drivers and self-regulate their driving
- Not all older drivers know when to restrict or cease driving (self reporting not reliable)

Driver Rehabilitation-Introduction *National Highway Transportation Safety Administration. Traffic Safety Facts 2002, 2006, and 2008.

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Older Driver


- Age related changes
 - Vision, Cognition, Physical
- Chronic medical conditions
 - Diabetes, Arthritis
- Progressive neurological disease
 - Dementia, Parkinson's
- Medications

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Older Adult-Cognitive Decline

- Driving too slowly, doesn't observe signs or signals
- Difficulty interpreting traffic situations and predicting changes
- Failure to yield
- Easily frustrated or confused, frequently gets lost
- Needs instructions from passengers
- More frequent scratches/dents




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Older Adult-Vision Decline

- Unable to read road sign or markings
- Difficulty in seeing things in the environment, especially on gray/overcast days-poor light conditions.
- Difficulty when light changes from light to dark (for example travel through tunnels)
- Avoid driving at night
- Poor estimation of space and time when making turns at intersections
- Lane maintenance issues-shifts


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Neurological Conditions

- Traumatic Brain Injury
- Cerebral Vascular Accident
- Multiple Sclerosis
- Spinal Cord Injury

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Brain Injury and Driving

- Restriction of driving remains a greater concern for clients than any other functional limitation¹
- Independent community mobility after discharge correlated with overall life satisfaction²

¹C. Hopewell, Driving assessment issues for practicing clinicians, J Head Trauma Rehab 17 (2002), 48-61

²M. Johnston, Y. Goverover, m. Dijkers, Community activities and individual's satisfaction with them: Quality of life in the first year after traumatic brain injury, Arch Phys Med Rehabil 86 (2005), 735-745

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Brain Injury and Driving

- Physical, cognitive and emotional changes post injury: multi-faceted and complex
- Nearly half will resume driving, 66% without any formal medical, legal or driving evaluation.*
- Goal should be integrated in rehabilitation process


*M. Tamietto, et. AL, To drive or not to drive (after TBI)? A review of the literature and its implications for rehabilitation and future research, NeuroRehabil 21 (2006), 81-92

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Brain Injury and Driving Assessment & Training Considerations

- Various situations
- Impulsive behaviors
- Topographical orientation
- Fatigue
- Insight
- Attention and distractibility



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CVA and Driving



Clinical presentation is varied and complex

- Vision: Hemianopia, neglect
- Hemiparesis, functional use of extremities
- Balance and mobility: ambulation, transfers
- Cognition: attention, impulsive behavior, memory, executive skills
- Communication: aphasia, dysarthria

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CVA and Driving

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Left Foot Accelerator





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Parking Brake options








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Steering Devices




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Spinal Cord Injury and Driving

- Evaluation and training by driver rehabilitation specialist
- Consideration of functional skills, transfer ability, vehicle and adaptive equipment needs
- Always try out the adaptive equipment before prescribing or purchasing


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Spinal Cord Injuries: Considerations and Issues

- Bowel and bladder dysfunction
- Autonomic dysreflexia
- Low blood pressure
- Inability to regulate body temperature
- Chronic pain
- Depression


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Spinal Cord Injuries: Considerations and Issues

- Level of injury equates to functional ability
- Functional ability equates to type of driving equipment and vehicle modifications


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WAV-Honda Odyssey




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Ford Explorer-MXV



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SVM Truck Conversion



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Power Seat Base-driver's side



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Wheelchair Securement



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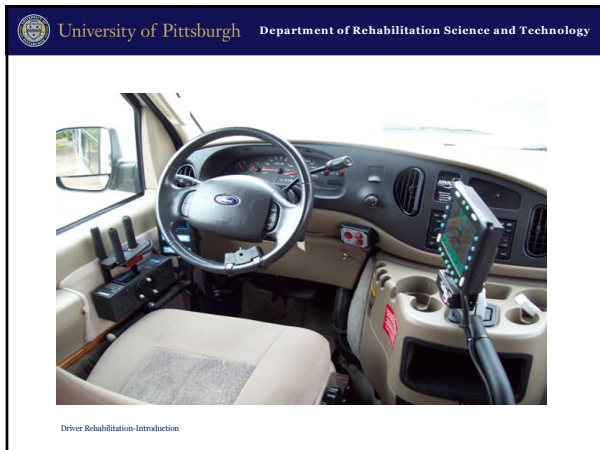
Wheelchair Securement



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Orthopedic Conditions

- Amputation
- Arthritis
- Neck pain
- Low back pain

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Amputation and Driving

- What is cause of the amputation? And what is the functional loss?
- Secondary issues (diabetes, vision, sensory changes/phantom pain)
- Ambulation/transfer issues (LE)
- Loss of coordination/functional skills (UE)
- Depression

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Mechanical Hand Controls



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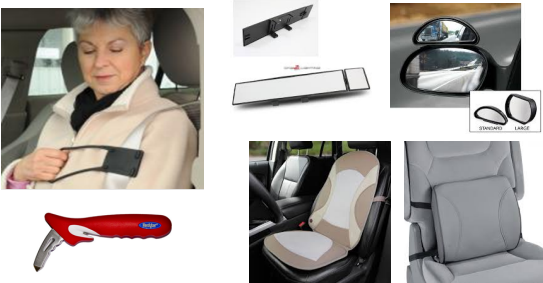
Arthritis and Driving

- Primary or secondary issues
- Pain, fatigue
- Loss of range, strength
- Transfers/mobility
- Equipment is dependent on the severity of the symptoms and its impact on driving

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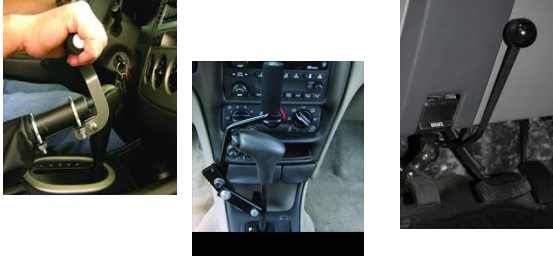
Non-Rapid Access Secondary Control Adaptations



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Non-Rapid Access Secondary Control Adaptations



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Congenital/Developmental

- Cerebral Palsy
- Spina Bifida
- Dwarfism
- Learning Disability
- Autism Spectrum
- ADHD, PDD-NS

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Car seat transfer options



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Pedal Extensions



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Chronic Health Conditions

- Cardiovascular issues
- Diabetes
- Sleep apnea
- Chronic vision disorders


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Diabetes and Driving

- Hypoglycemia
- Diabetes complications
 - Cognitive impairment
 - Peripheral neuropathy
 - Visual disturbances, retinopathy, loss of visual acuity

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Wheelchair/Scooter Transport



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Driving and....

- Aging
- Neurological Conditions
- Orthopedic Conditions
- Congenital/Developmental
- Chronic Health Issues
- Other


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Funding for Driver Rehabilitation

- ▶ Medicare Regulations and Fiscal Intermediary
- ▶ Office of Vocational Rehabilitation (OVR)
- ▶ Worker Compensation
- ▶ Charitable organizations (ex: National MS Society, MS Foundation)
- ▶ Other 3rd party payers
- ▶ Private business

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Technology that assists in one's quest for driving independence shows promise in promoting life satisfaction and improved quality of life.

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Adaptive Driving Program

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