



Driving Across the Life Span

MEGAN FRAZIER, MS, OTR, DRS

Who am I?

- ▶ An OT and Driver Rehab Specialist
- ▶ Practicing for 15+ years
- ▶ Owner of Functional Stability and Mobility, LLC
- ▶ Vic-President of ADED Texas Chapter and Co-Chair of TOTA's new Driving and Community Mobility SIS
- ▶ I LOVE to travel, spend time with my family, and spending time out on our land.



Why Driving and Community Mobility?

- ▶ Underserved population
- ▶ Maximizes independence & promotes engagement with the community
- ▶ Reduces depression, isolation & onset of more complex medical conditions
- ▶ It's a fun, dynamic & individualized to each client
- ▶ Involves collaboration with a wide variety of professionals
- ▶ Emerging practice area



What are today's objectives?

- ▶ Identify why addressing driving as an IADL across the life span is important
- ▶ Identify the cognitive, physical, and social components needed for driving safety
- ▶ Cite 3 clinical assessments that assess cognitive and physical skills needed for driving
- ▶ Understand Texas state driving laws that govern restrictions for driving based on medical needs





Why is driving
an important
IADL?

Why is driving an important IADL?

- ▶ IADL: is an activity to support daily life within the home and community that require more complex interactions.
- ▶ Driving & Community Mobility: planning & moving around in the community including the use of public & private transportation

The American Journal of Occupational Therapy.
<http://ajot.aota.org/>



Why is driving an important IADL?

“Driving is often one of these clients’ most important IADLs (Dickerson, Reistetter, & Gaudy, 2013) and often underlies all their other occupations, including work, education, play, leisure, and social participation, as well as most of their other IADLs (e.g., shopping, health management, money management, caregiving) (Schold Davis, Dickerson, Dellinger, & Chodrow, 2016).”



<https://wisselandwalsh.com/news/2016/2/26/senior-driver-safety>

Why is driving an important IADL?

INDEPENDANCE

Freedom

Spontaneity

Status & Identity

Feelings of self
worth

Desire to help
others

Interaction with
community

Only way to get
around

Ability to work,
transport kids,
etc





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Driving &
Community
Mobility:
Working at the
top of our
license!

Why are OTs perfect for addressing driving & community mobility?

- ▶ Case law exists & sets a precedent for the professional obligation to warn clients based on the foreseeable likelihood of danger or harm due to an impaired client.
- ▶ OTs have an ethical responsibility to know the laws in their state that relate to their reporting obligations & options with impaired drivers.
- ▶ Referrals for driver rehab services or recommendations should not be influenced by ability to pay

Evidence-Based Consensus Statements for Driving and Community Mobility & the AOTA Occupational Therapy Code of Ethics (AOTA, 2015a)



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Texas Laws Regarding Driving

- ▶ **Texas Reporting Guidelines**

Texas Department of Public Safety (DPS) is solely responsible for all actions taken with regards to licensing

- ▶ **Reporting**

Texas does not have a mandatory reporting law, but OT/COTAs have an ethical duty to discuss driving

- ▶ **Protection**

Release of information under Section 12.096 is an exception to the patient-physician privilege requirements imposed under Section 159.002 Occupational Code



Liability

Our Role

Medical providers that report to the Medical Advisory Board under Section 12.096 is not liable for a professional opinion, recommendation, or report made under this subchapter.



Texas Medical Advisory Board (MAB)

Dictatorship of the Texas Department of State Health Services

- ▶ Group of 14 Physicians across various areas of practice
- ▶ Meets every 2 weeks
- ▶ No individual can appear before the MAB

What does the MAB do?



Assists the DPS in determining whether applicants for driver's license are safe



Reviews medical facts & provides an opinion

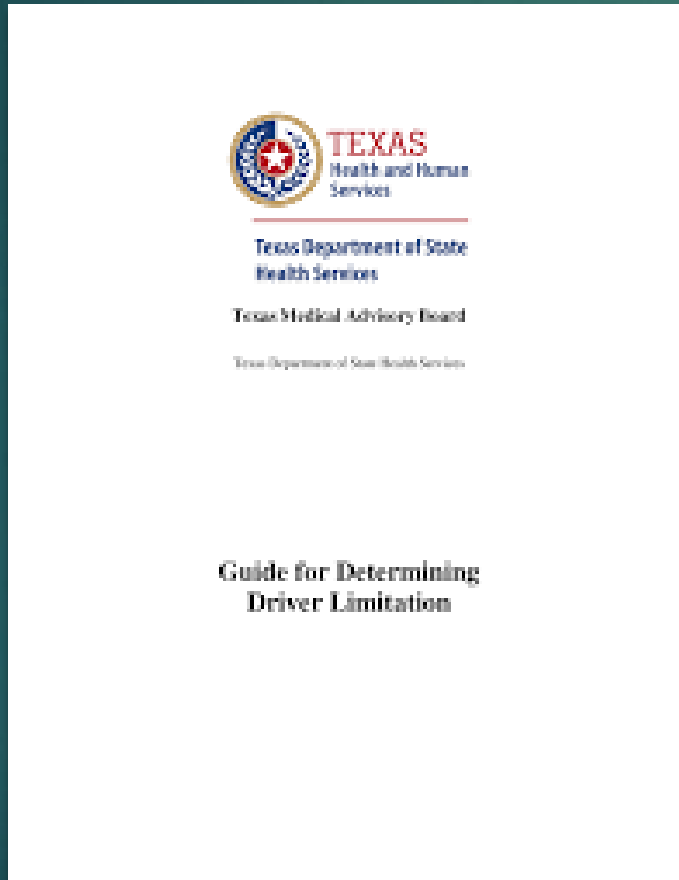


Provides written recommendation to DPS



Uses the MAB Guide for Determining Driving Limitations

Guide for Determining Driver Limitations

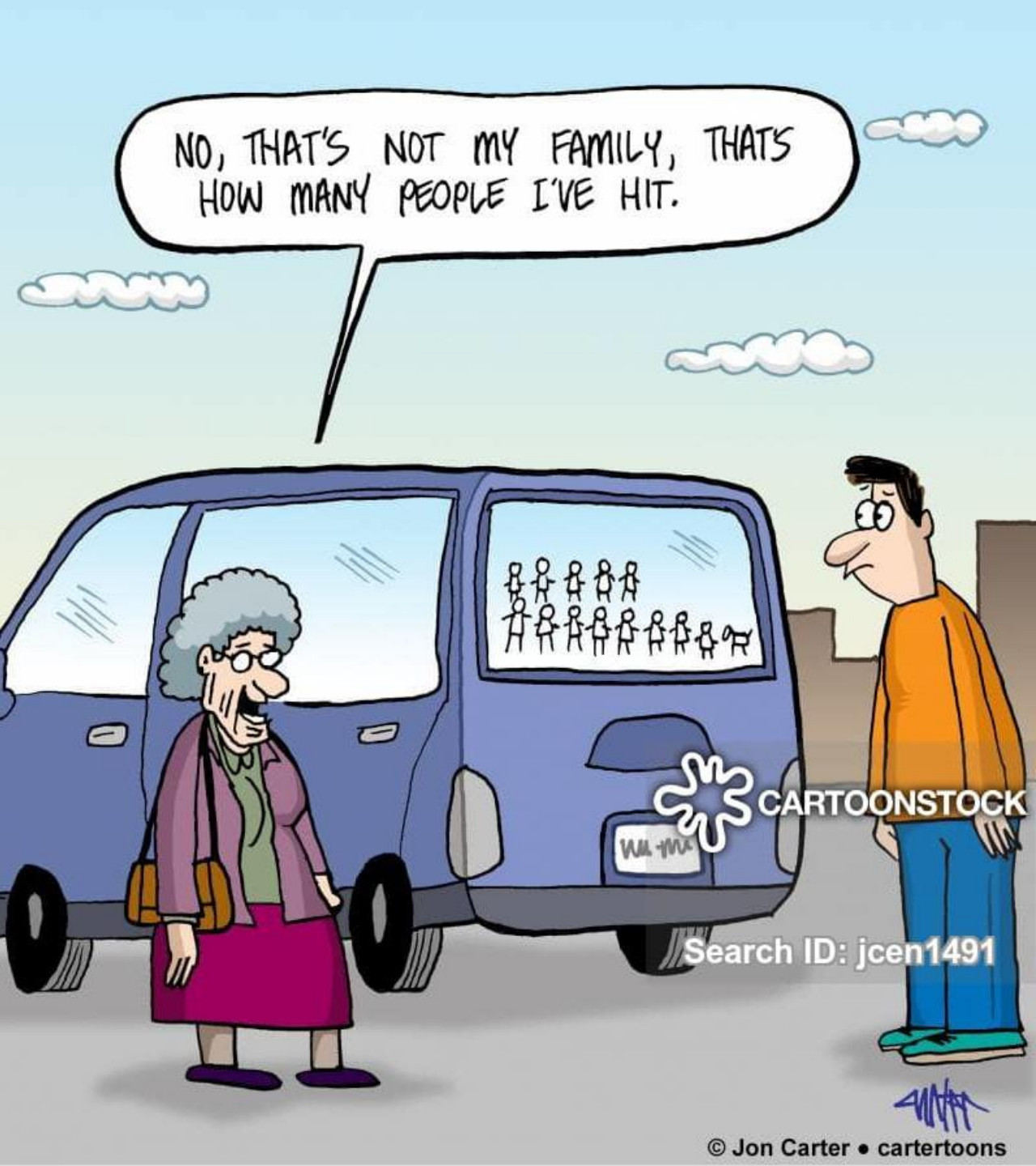


▶ Goal

- ▶ Allow all who can drive to do so safely, and reduce the number & severity of MVAs

▶ Functional Ability Profiles

- ▶ Complied 10 categories with 7 sub-categories with multiple levels under each profile



OT Practice Framework: Client Factors Needed for Driving

Occupational Profile



OT Practice Framework: Client Factors

Vision

- Visuospatial Skills
- Speed of Processing
- Scanning
- Useful Field of View (UFOV)
- Peripheral Vision
- Visual Reaction
- Contrast Sensitivity
- Acuity
- Glare Recovery
- Visual Attention



OT Practice Framework: Client Factors

Motor

- Range of Motion
- Reaction Time
- Psychomotor skills/Coordination
- Limb Strength
- Limb Sensation
- Trunk stability, proprioception & balance
- Muscle tone
- Muscle Endurance
- Gait



OT Practice Framework: Client Factors

Cognition

- Attention/Divided Attention
- Concentration
- Speed of processing
- Insight/Judgement
- Mental Flexibility
- Memory
- Ability to Anticipate
- Orientation
- Problem Solving



OT Practice Framework: Client Factors

Emotion

- Regulation
- Insight
- Liability

Values/Beliefs

- Reason for driving
- Goals for driving
- How Driving Retirement may affect them
- Family influence/Support level

Skin integrity



Cognitive Frame of Reference: Michon's Model of Driving Behavior

Operational



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graph TD; Operational[Operational] --> Tactical[Tactical]; Tactical --> Strategic[Strategic];
```

Tactical

Strategic



Which Cognitive Frame of Reference?

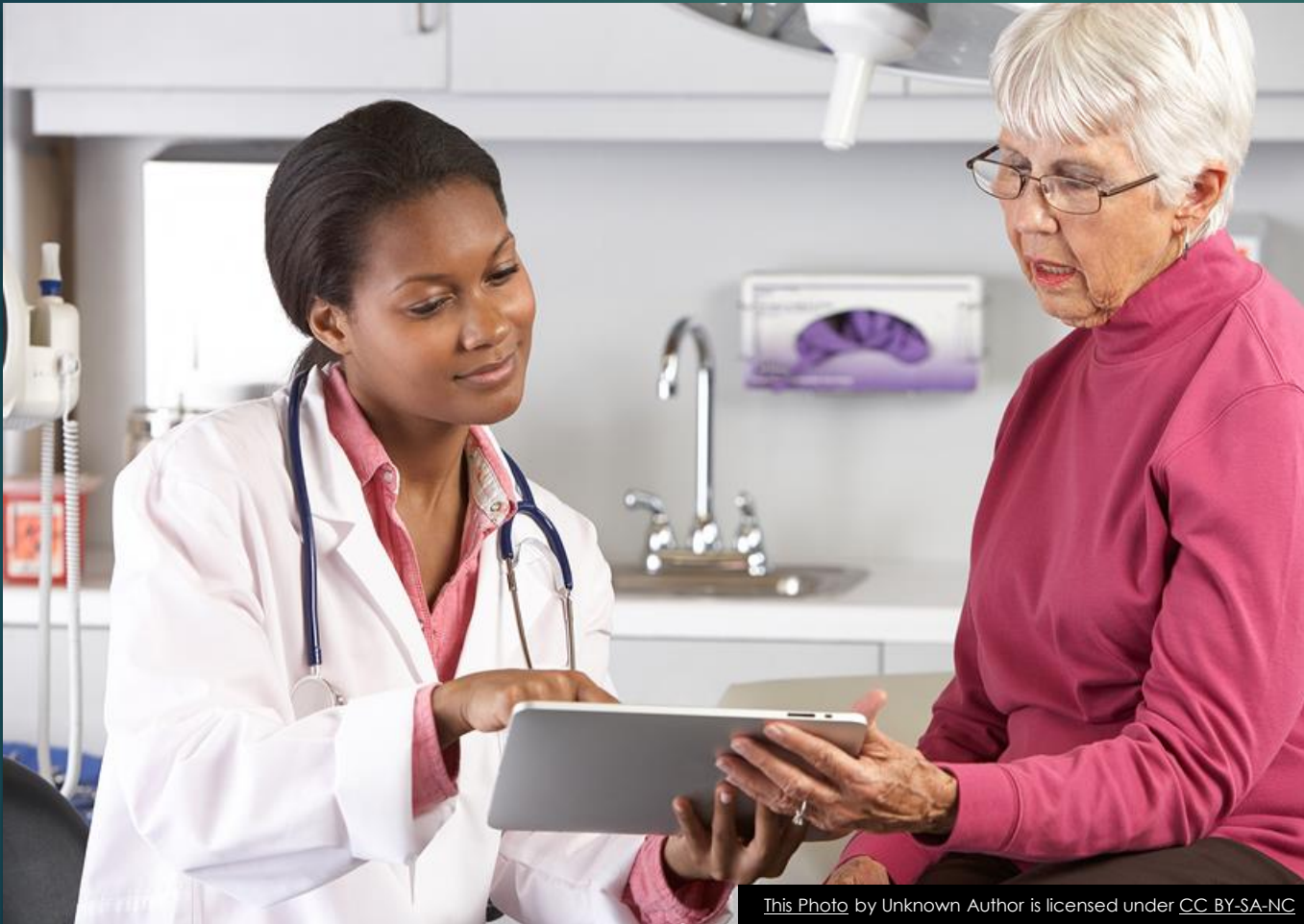
I had no idea what a three point turn is, so I just drove in a circle three times.



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Spectrum of Driver Rehab Services

OT Generalist	OT DRS/CDRS	Driving School
Applies knowledge of medical conditions with implications to driving	Same as OT Generalist	Instructs new or relocated drivers
Assess the cognitive, visual, perceptual, behavioral & physical limitations impacting performance	Same as OT Generalist	Limited or no training on medical or aging conditions that may interfere with driving
No In-Car training or evaluation	Integrate the clinical findings with assessment of on-road performance	Teach, train, refresh or update driving skills
Educate clients about role of DRS & start discussion about driving with a disability	Coordinate multidisciplinary providers & resources including equipment & vehicle modifications	Counsel family members for student driver skill development.



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In the clinic

Understanding the role we play, recognizing warning signs, understanding how we can better assess to make recommendations, & incorporate deficits into our treatment plans.

The OT-DRIVE Model

The OT- DRIVE Model

OT-DRIVE offers a model to develop your plan for driving and community mobility and address client goals beyond the home so they can live life to its fullest.



The OT-DRIVE model

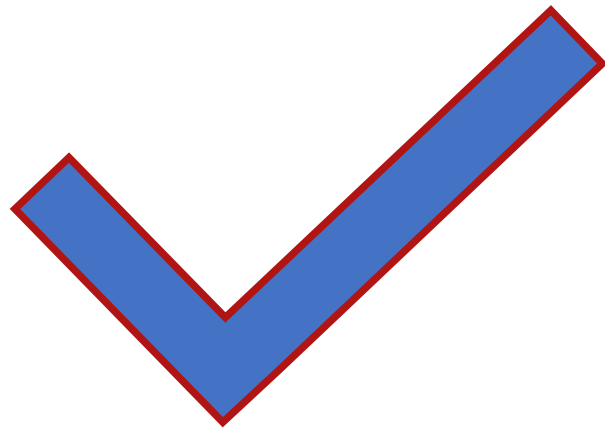


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The OT- DRIVE Model

- ▶ Developed to help practitioners understand how to apply their clinical knowledge & reasoning skills to the IADL of driving and community mobility for their older adult clients.
- ▶ IADL of driving and community mobility evaluation begins at the level of client factors of visual, sensory, motor, and cognitive function
- ▶ Helps clinicians work “at the top of their license”
- ▶ Guide practitioners to fulfill their duty to address driving as an IADL & to develop a plan that will prioritize the health and safety of the client and community

OT-DRIVE: Integrating the IADL of Driving and Community Mobility Into Routine Practice



Assessment Tools to Assess Driving



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Assessments & Clinical Exam


“To date, no single cognitive test has been demonstrated to be an accurate predictor of no-road driving ability”

NZMJ 24 April 2020, Vol 133 No 1513. ISSN 1175-8716 © NZMA

www.nzma.org.nz/journal/



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**“A RECENT SYSTEMATIC REVIEW
demonstrated good correlation
between
driving ability and tests of
attention, visuospatial cognition
and executive function.”**

Standardized Cognitive Assessments

Short Blessed
Test (SBT), GDS,
& MMSE

Montreal
Cognitive
Assessment
(MoCA)

Brief Cognitive
Assessment Test
(BCAT)

Cognitive Assessment: Screening Tools

SBT

Refer to DRS score 6+. Driving Retirement with score 10+

GDS

Refer to DRS score below 3.
Driving Retirement with scores 5-7

MMSE

Referral to DRS with a score below 28. Some studies indicate a score below a 24 is unsafe to drive (McGuire & Schold Davis, 2012)

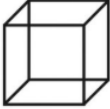


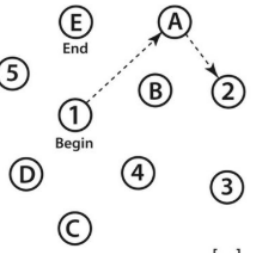
Cognitive Assessment: MoCA

MONTREAL COGNITIVE ASSESSMENT (MOCA)
Version 7.1 Original Version

NAME: _____ Education: _____ Date of birth: _____
Sex: _____ DATE: _____

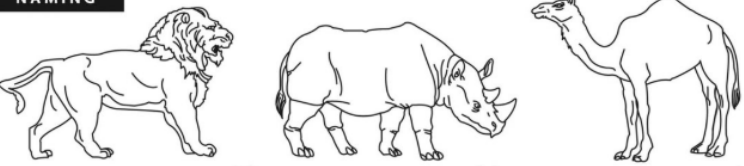
VISUOSPATIAL / EXECUTIVE

Copy cube  Draw CLOCK (Ten past eleven) (3 points)



Contour Numbers Hands

NAMING



MEMORY Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED	No points
1st trial						
2nd trial						

ATTENTION Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [] 2 1 8 5 4
Subject has to repeat them in the backward order [] 7 4 2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors
[] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

Serial 7 subtraction starting at 100 [] 93 [] 86 [] 79 [] 72 [] 65
4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

LANGUAGE Repeat: I only know that John is the one to help today. []
The cat always hid under the couch when dogs were in the room. []

Fluency / Name maximum number of words in one minute that begin with the letter F [] ____ (N \geq 11 words)

ABSTRACTION Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler

DELAYED RECALL

Has to recall words	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUED recall only
WITH NO CUE	[]	[]	[]	[]	[]	
Optional						
Category cue						
Multiple choice cue						

ORIENTATION [] Date [] Month [] Year [] Day [] Place [] City

© Z.Nasreddine MD www.mocatest.org Normal $\geq 26 / 30$ TOTAL **___/30**
Add 1 point if ≤ 12 yr edu

- ▶ Training required & fee for use
- ▶ Available in multiple languages
- ▶ Tests visual perceptual skills, executive functioning & abstraction, object & delayed recall, attention & orientation, & language
- ▶ Normative data linking test performance to MCI & Dementia
- ▶ Widely used by physicians
- ▶ Scores of 18 or less should consider driving retirement. Scores less than 26 indicate referral to DRS.



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Cognitive Assessment: BCAT

- ▶ Training required & yearly fee for use
- ▶ Tests orientation, verbal recall, visual recognition, visual recall, attention, abstraction, language, executive functions & visuo-spatial processing
- ▶ A referral for an In-Car evaluation is beneficial with a score below 44. Scores less than 24 should consider driving retirement.
- ▶ Able to print out results with explanation for client, family & other providers

BCAT™ BRIEF COGNITIVE ASSESSMENT TOOL

© Rights Reserved | William Hershock, Ph.D. | www.bcat.com

Name: _____ Today's Date: _____

DOB: _____ Total Score: _____

Gender: Female / Male _____ Cut Score: 27/38 (demerter) / 37 non-demerter / 30

Education: _____

Examiner: _____

POINTS

ORIENTATION
 Year Month Day/Week State City Situation _____/4

IMMEDIATE VERBAL RECALL
 Instructions: Score Only 1st Trial
 1st Trial BANANA JUSTICE SARA BRIDGE _____/4
 2nd Trial

VISUAL RECOGNITION/NAMING

 _____/3


ATTENTION
 Letter List: Instructions: Read Letters, Instructing Patient to Tap with Hand at Each Letter (, No Erases / 1 Point, Erases / 0 Points)
 C F B T O L C C Q A Z C R B Q W D C S L R B C B Z X C B _____/1
 Mental Control: Instructions: Count Backward from 20 (, Instructions: Recite Days of the Week Backward from Sunday)
 Digits: FORWARD 2 5 9 7 4 5 1 7 8 9 6 _____/2
 BACKWARD 6 2 7 4 1 8 9 _____/2

ABSTRACTION
 Instructions: Find the Similarities Apple - Orange Train - Boat Bank - Newspaper _____/3

LANGUAGE
 Repeat: Instructions: No Erases / 1 Point, Erases / 0 Points _____/1
 "Michael married Maria's mother."
 Fluency: Instructions: Get Names 60 Seconds, X = 15 = 2 points, X = 8 = 1 = 2 points, X < 7 = 0 points _____/2

BCAT™ Name: _____ Today's Date: _____

EXECUTIVE
 Cognitive Shifting: Instructions: If 2, 8 = 2 points, X = 8-7 = 1 point, X < 7 = 0 points
 1A - 2B - 3C - 4D - 5E - 6F - 7G - 8H - 9I - 10J _____/2
 Arithmetic Reasoning: "You have \$25 to spend at the grocery store. You buy milk for \$3. You buy 2 apples for \$1. How much money do you have left?" _____/3
 Judgment: "Suppose you have a 1 PM appointment with your doctor. It takes 45 minutes to get there. What is the latest you can leave to get there at 1 PM?" _____/3

VISUOSPATIAL
 Design/Clock: 
 Design _____/2
 Clock _____/2

DELAYED VERBAL RECALL
 Instructions: Score (Unaided/Clue)
 No Cue BANANA JUSTICE SARA BRIDGE _____/4
 With Cue

IMMEDIATE STORY RECALL
 Instructions: If 2 = 2 points, X = 4-2 = 1 point, X < 2 = 0 points _____/11
 Carol / borrowed / \$10 / from her brother / Jack / last week, / she couldn't pay him back / because she bought / a delicious / ice cream cone / at the circus instead.

DELAYED VISUAL MEMORY
 _____/3

DELAYED STORY RECALL
 Instructions: If 2 = 2 points, X = 4-2 = 1 point, X < 2 = 0 points _____/11
 Carol / borrowed / \$10 / from her brother / Jack / last week, / she couldn't pay him back / because she bought / a delicious / ice cream cone / at the circus instead.

STORY RECOGNITION
 What was the name of the woman who borrowed money? Carol Mary Sue _____/3
 How much money did she borrow? \$10 \$18 \$16 \$14
 What was the name of the woman's brother? Robert Tom Jack
 What did the woman buy? Ice Cream Sandwich Soda
 Where did the woman go? Mall Circus Grocery

Vision Screening

Acuity

Depth
Perception

Contrast
Sensitivity

Useful Field
of View

Visual
Attention

Scanning



Visual Perceptual Assessments

Clock
Drawing Test

Maze Test

Trails Making
Test Part A & B

MVPT

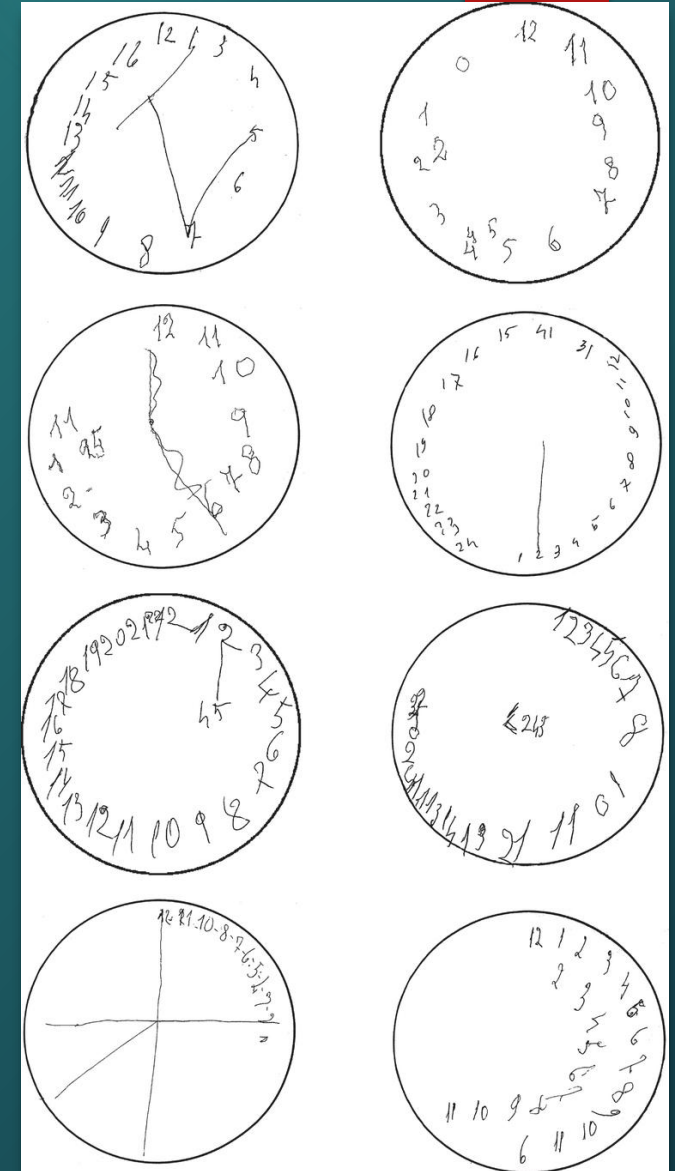
OT DORA

Rey-Osterreith
Complex
Figures Test

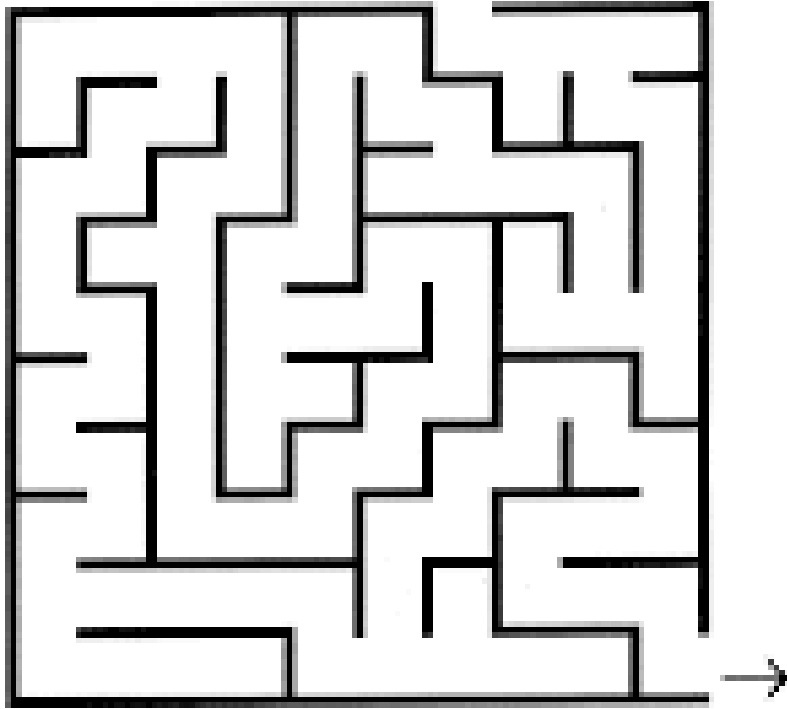


Visual Perceptual Assessment: Clock Drawing Test

- ▶ Screens long-term memory, short-term memory, visual perception, visuospatial skills, selective attention, abstract thinking & executive functioning skills
- ▶ Intervention could include referral to DRS
- ▶ Consider cause of errors



MAZE TASK



Visual Perceptual Assessment: Maze Test

- ▶ Multiple versions available
- ▶ Snellgrove Maze is a 1-page cognitive screen for driving competence that was validated with older adults with MCI
- ▶ Assesses attention, visuoconstructional ability & executive functioning skills



Visual Perceptual Assessment: Trails Making Test Part A & B

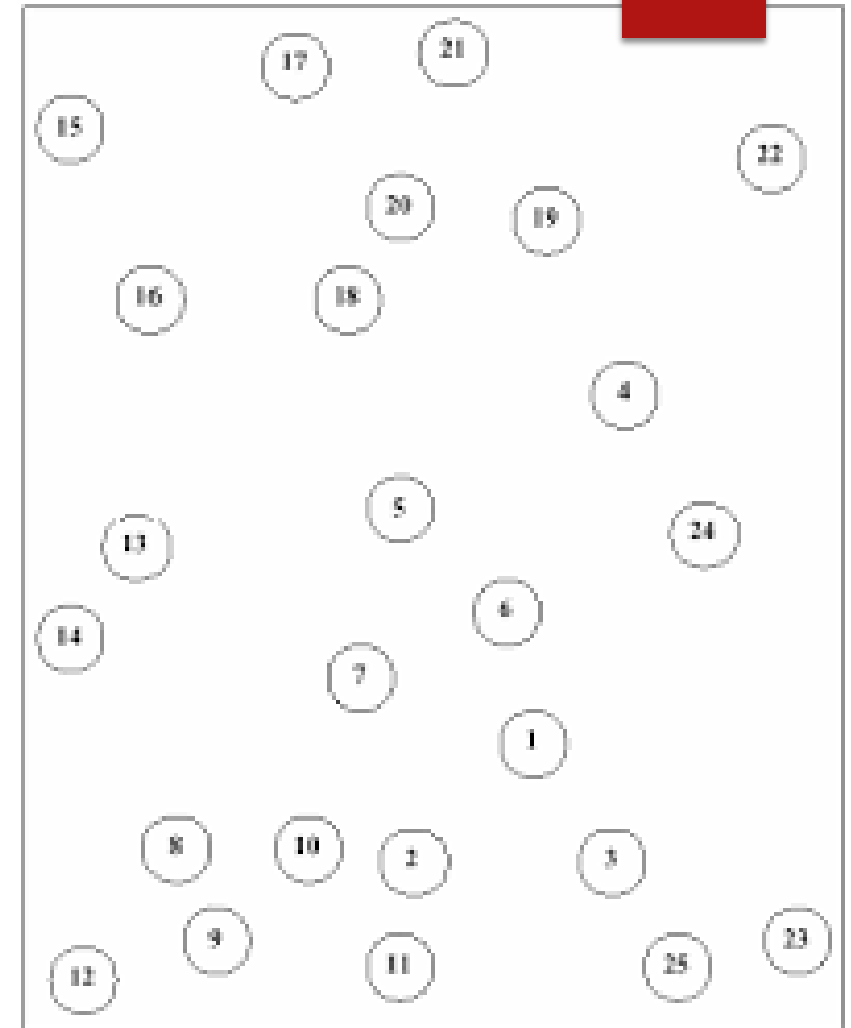
Assesses working memory, visual processing, visuospatial skills, selective & divided attention, & psychomotor coordination



Numerous studies have linked poor performance with poor driving performance.

Visual Perceptual Assessment: Trails Making Test Part A

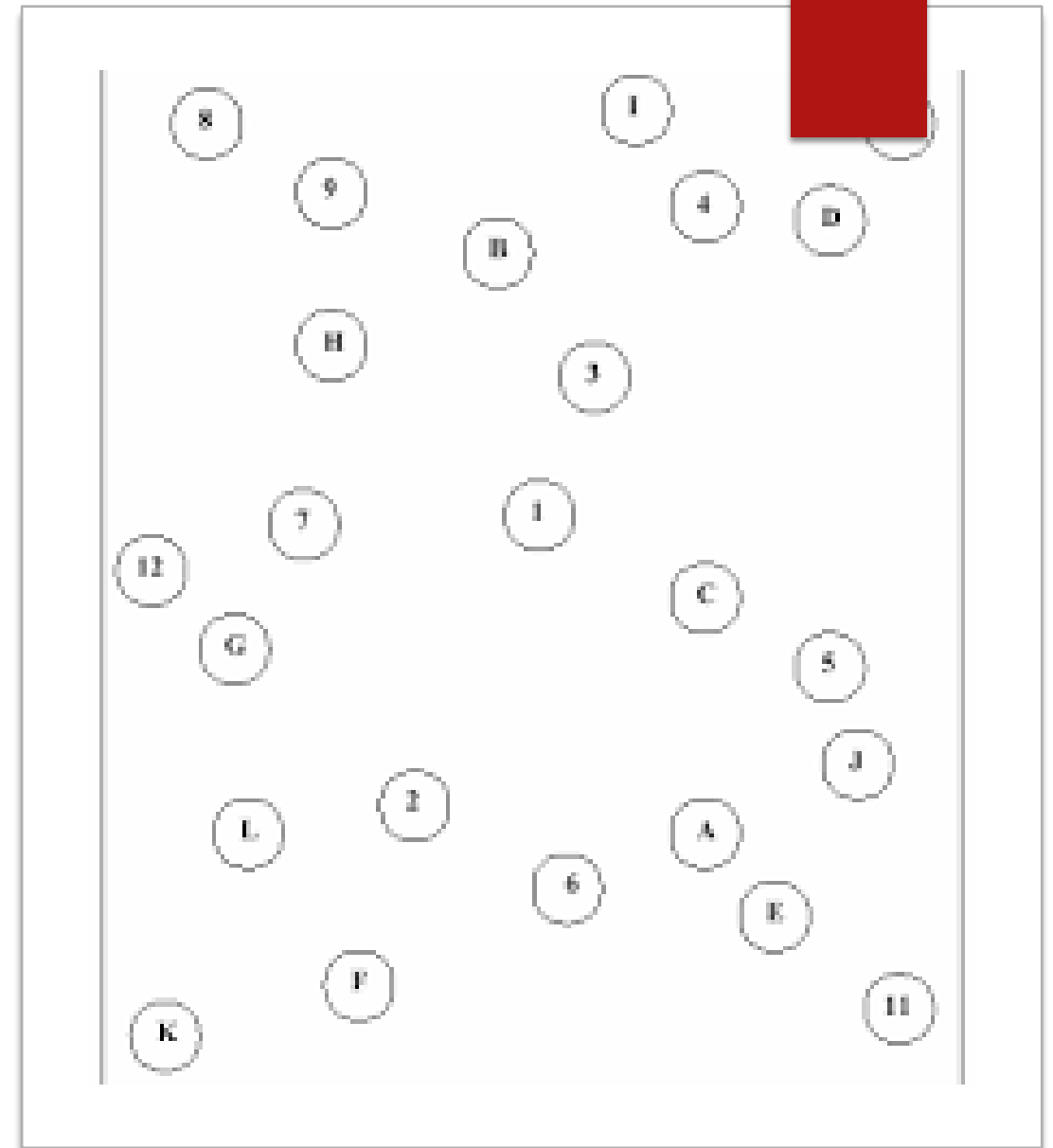
- ▶ Poor performance resulted in 4 times more likely to report a crash at follow-up by participants (Lesikar, S.E. et al. Prospective Study of Brief Neuropsychological Measures to Assess Crash Risk in Older Primary Care Patients. J Am Board Fam Pract 1591): 11-19, 2002.)
- ▶ Ave. 29 seconds; 0 errors
- ▶ 60 seconds is below normal

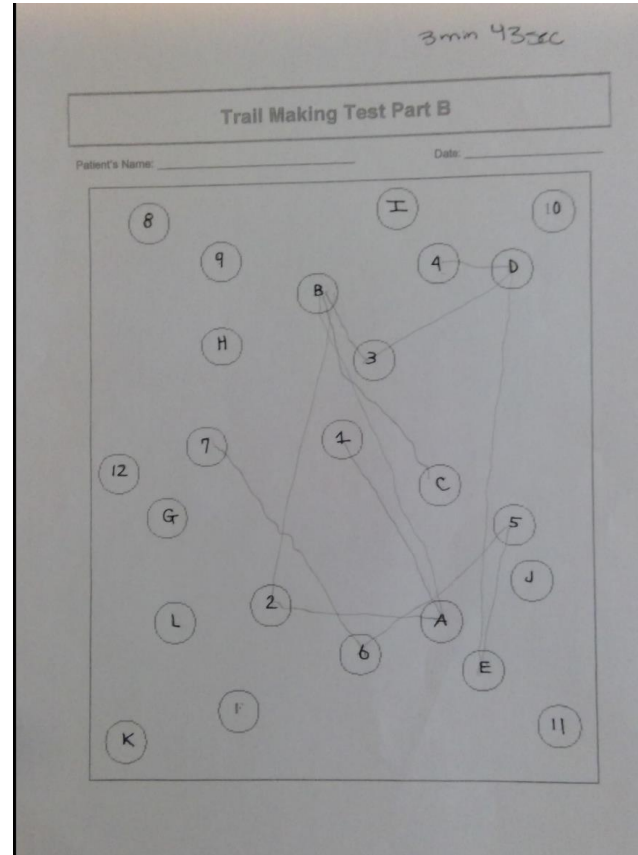
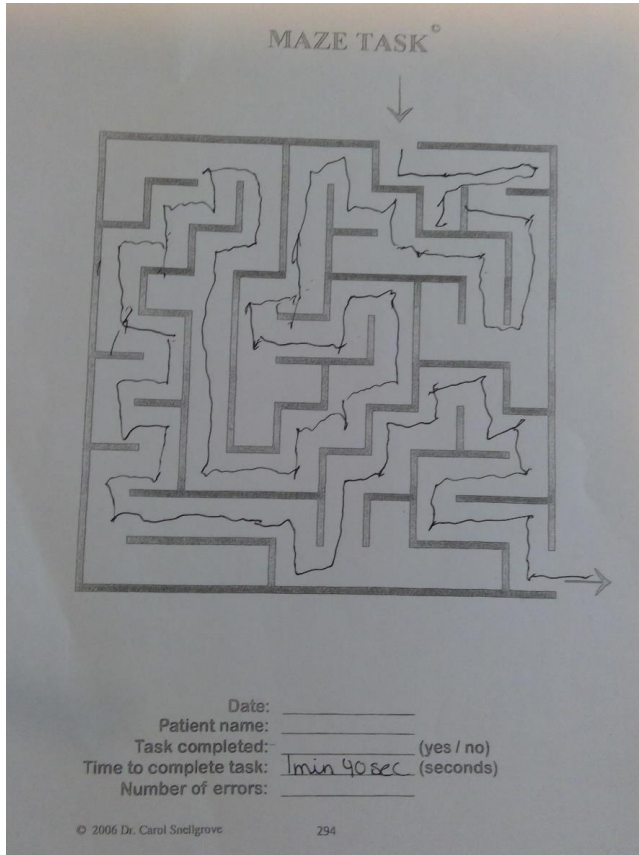


<http://apps.usd.edu/coglab/schieber/psyc423/pdf/IowaTrailMaking.pdf>

Visual Perceptual Assessment: Trails Making Test Part B

- ▶ Numerous studies have demonstrated validity of poor performance on test with poor driving performance
- ▶ Ave. 60-90 seconds; 0-1 errors
- ▶ 180 seconds with or without errors is abnormal





Client Samples:



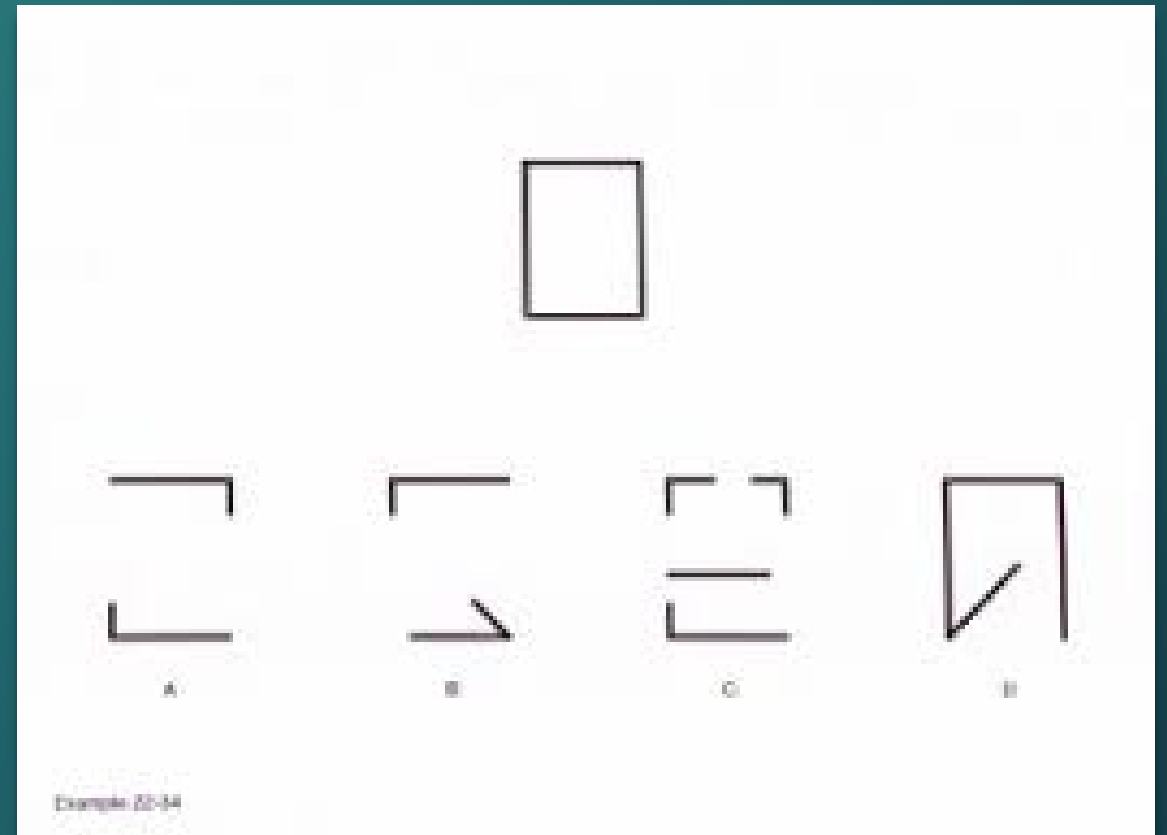
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Visual Perceptual Assessment: MVPT

- ▶ Available for purchase
- ▶ Standardized for 3 years old to older adults
- ▶ Assesses figure ground, spatial orientation, visual memory, visual closure, & processing speed
- ▶ Used mostly with CVA/TIA, Autism, ADD/ADHD/Dyslexia, TBI
- ▶ Below average on age norms recommend referral to DRS
- ▶ Pay special consideration to processing speed & visual closure

Visual Perceptual Assessment: MVPT

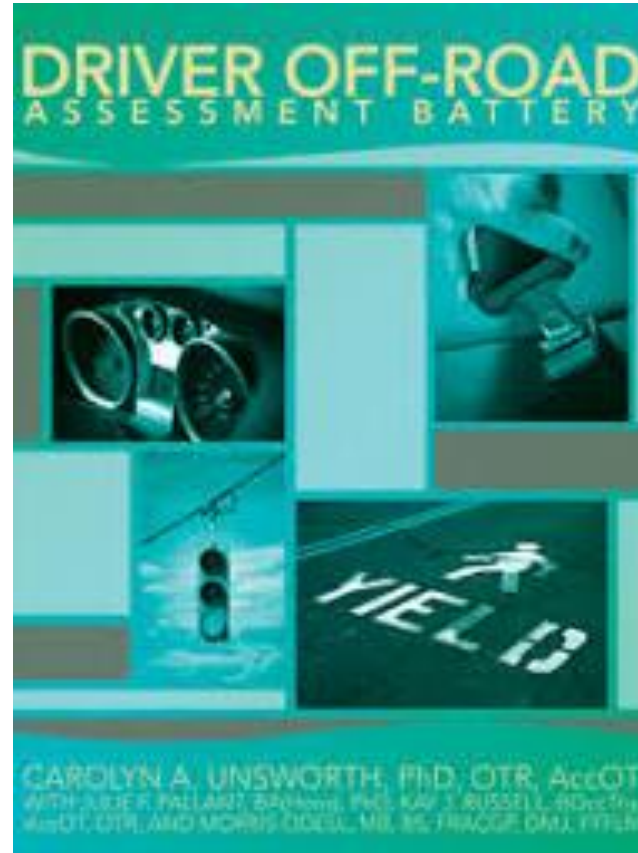
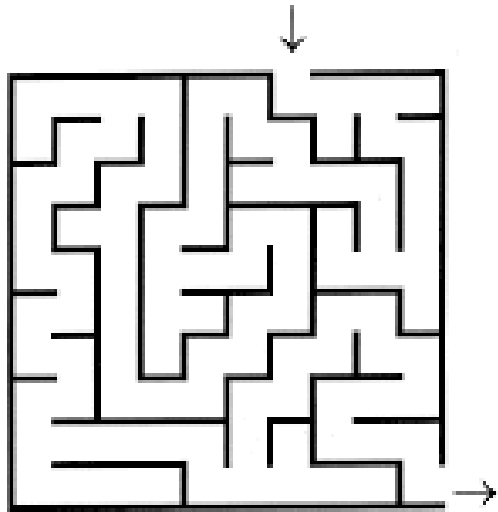
- ▶ 3 or more errors on the visual closure section indicates a 3.75 times greater chance of an at-fault accident
- ▶ 5 errors indicates client has nearly a 5 times greater chance of having an at-fault accident



Visual Perceptual Assessment: (OT DORA) OT Driver Off Road Assessment Battery

- ▶ Battery of previously published assessments
- ▶ Available for purchase from the AOTA
- ▶ 90 minutes to administer
- ▶ Battery includes a thumb drive that contains two downloadable booklets
- ▶ Items needed include 2 chairs, a Snellen Vision Chart, a vision wand, stopwatch, an eye patch & blindfold, shoes, a ruler, a step box, a goniometer

MAZE TASK



Visual Perceptual
Assessment: (OT
DORA)
OT Driver Off Road
Assessment Battery



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Other Visual Perceptual/Cognitive Assessment

Traffic Sign Test &
Symbol
Recognition

Road Rules &
Driving
Knowledge

DriveSafety
Simulator

DynaVision/Vision
Coach Trainer

UFOV test

DriveAble
Screening

Motor Assessments

Manual Muscle Test
& ROM

30 Second Chair
Rise Test

Less than 8
unassisted stands

Rapid Pace Walk

> 7 sec. associated
with greater crash
risk

+9 sec x3 greater

Arm Curl Test

Below normal may
have AE
considerations

Functional
Reach

0-6 high risk for falls

Alternative Foot Tap

12.75+ sec.
elevated traffic
conviction rates

Adult Disability: Falls

Older adults who had fallen were 40 percent more likely to experience a car crash after their fall than older adults who had not fallen.



Other Assessments

Reaction Timer

Sensation
Testing

Fitness to Drive
Screening
Measure

BCAT System
Driving Self-
Assessment

Online Self
Driving
Assessments

Rookwood
Driving Battery

Self Assessments

Am I Safe
Driver?

Roadwise
Review

Safer Driver
Survey

Driving
Decisions
Workbook

Fitness to Drive
Screening
Measure



**"Research
indicating the subjective and unreliable
nature of self-report, caregiver report,
and clinician judgment,
there is a need
for valid and reliable objective measures
of neurocognitive functions to guide
assessment of driving ability"**

Additional Considerations

Red Flags

Consider medical conditions, medications, visual, cognitive, & motor changes

Assumptions

Do not make assumptions about how the client feels about driving & community mobility!

Age

Age alone is not a red flag. This is ageism & not evidence based.

Key to Successful Client Outcomes: Timely Referrals



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A patient is independent with their ADLs & expresses interest in returning to driving after a medical complication.



The clinician feels that an On-Road Assessment is needed to determine safe driving skills & decision making.



The patient demonstrates decreased executive functioning skills despite having few physical limitations.

How do you
incorporate
driving &
community
mobility into
your
practice?

- ▶ Social Skills: Do they know how to...
 - ▶ Interact with other drivers
 - ▶ Interact with a police officer
 - ▶ Respond to approaching emergency vehicles
 - ▶ Respond if they get lost
 - ▶ Manage their anxiety

How do you
incorporate
driving &
community
mobility into
your
practice?

- ▶ Motor Skills: Do they have the ability to...
 - ▶ Turn the steering wheel
 - ▶ Reach the necessary controls
 - ▶ Turn their head
 - ▶ Trunk strength & balance
 - ▶ Transfer in & out of vehicle

How do you
incorporate
driving &
community
mobility into
your
practice?

- ▶ Cognitive Skills: Does the teen know...
 - ▶ Basic road signs
 - ▶ How to judge right of way
 - ▶ Know their right & left
 - ▶ How to read a map/follow GPS
 - ▶ Different parts of the car (ie. What the gas light means!!!)

How do you incorporate driving & community mobility into your practice?

- ▶ Temporary vs Long Term impairment
- ▶ Address immediate transportation needs
- ▶ Train caregivers
- ▶ Educate on options
- ▶ Transfers





Driving Retirement: Access Limits

How do you incorporate driving & community mobility into your practice?

- ▶ Consider other ADL & IADL skills
- ▶ Be an advocate
- ▶ Help guide to next step
- ▶ Assist with collaborative care

Considerations for Clinic

- ▶ Complete Assessment of Readiness for Mobility Transition (ARMT)
- ▶ Does the client have the visual, cognitive, motor, & emotional skills needed to drive
- ▶ Help family & client develop a Driving Agreement
- ▶ Discuss possible vehicle modifications available if appropriate
- ▶ Develop goals to address pre-driving skills
- ▶ May be able to co-treat with Speech Therapy



How do you
incorporate driving &
community mobility
into your practice?

CONSIDER ADAPTIVE EQUIPMENT,
MODIFICATIONS, & ADAPTIVE
DRIVING NEEDS

Common Adaptive Equipment



Driving Retirement

- ▶ A Driving Retirement Plan is an individualized plan to help an older adult maintain community mobility, participate in important life events, full fill daily needs such as accessing food, medication and doctors.

Driving Retirement

What locations does the older adult need to visit?

What times of day do they need transportation?

How often will they need transportation?
Will it be reoccurring?

What public & private transportation options are available in area?

What is the budget available for transportation?

Is there any physical or cognitive limitations to consider?

Is the transportation handicap accessible (walker, cane, wheelchair, etc)?

Will the older adult need assistance with transporting items (groceries, shopping bags, etc.)?



6 IN 10

DEMENTIA

VICTIMS

WANDER

Silver Alert

Silver Alert



- ▶ A public notification system that is used to broadcast information about missing seniors to assist with their safe return
- ▶ Must meet ALL 6 criteria
- ▶ Commonly use commercial radio stations, television stations, electronic billboards, and cable TV
- ▶ Make sure that you have documentation from a medical provider stating the medical condition
- ▶ Create a profile

Billing & Coding

- ▶ CPT Code
 - ▶ OT Evaluation 97003
 - ▶ Follow Up Special Tests 96125
 - ▶ Therapeutic Activities 97530
 - ▶ ADL training 97535
 - ▶ Community Reintegration 97537
- ▶ SNOMED-CT Code
 - ▶ 243883003

Resources & Additional Training

National Resources

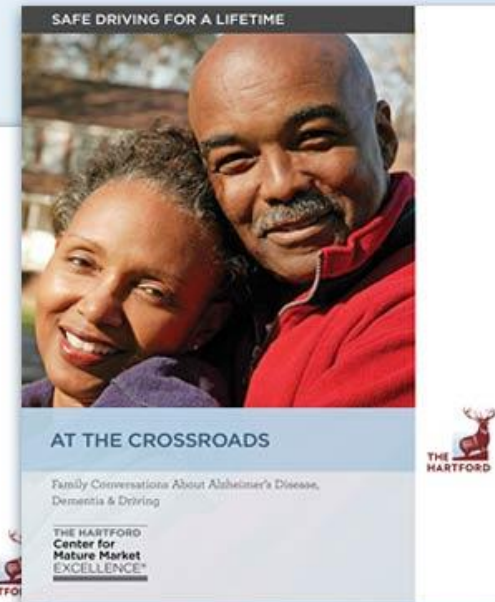


Organizational Resources

- ▶ AOTA www.aota.org
- ▶ Association for Driver Rehab Specialists (ADED) www.added.net
- ▶ National Highway Traffic Safety Administration (NHTSA) www.nhtsa.gov
- ▶ AAA www.aaa.com
- ▶ AARP www.aarp.org
- ▶ Children's Hospital of Philadelphia (CHOP) www.chop.edu
- ▶ The Hartford Mature Market Excellence Program



The Hartford Center for Mature Market Excellence



Texas Resources



Texas Resources



CarFit: Become a technician!

- ▶ Program developed by AOTA, AAA & AARP
- ▶ Improve driver safety & comfort behind the wheel
- ▶ FREE event for clients
- ▶ Takes 20 minutes
- ▶ CarFit Technician Training FREE 5 CEUs with online training option



Helping Mature Drivers Find Their Safest Fit



Foundational Resources in Driving Rehab

- ▶ Clinician's Guide to Assessing & Counseling Older Drivers
- ▶ Driving Diagnosis Pathway Sheets
- ▶ Evidence Based Consensus Statements from AOTA and ADED
- ▶ Articles:
 - ▶ Stav, W. (2015) [Occupational Therapy Practice Guidelines for Driving and Community Mobility for Older Adults.](#)
 - ▶ McGuire, M.J., Schold Davis, E. (2012) [Driving and Community Mobility: Occupational Therapy Strategies Across the Life Span.](#)
 - ▶ Redepenning, S. (2006) [Driver Rehabilitation Across Age and Disability: AN Occupational Therapy Guide](#)




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Additional Professional Development

- ▶ AOTA/ADED Specialty Certification
 - ▶ AOTA (SCDCM) currently being revised
 - ▶ ADED by exam (CDRS)
- ▶ Join TOTA Driving and Community Mobility SIS, AOTA Fit to Drive Community of Practice and/or ADED Texas Chapter
- ▶ Review articles, books & research
- ▶ Attend conferences
- ▶ Attend Adaptive Mobility Courses
- ▶ Find a mentor

Resources @ Homeanddriving.com



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DRIVING FACT SHEET FOR MEDICAL PROVIDERS

Provided by Functional Stability and Mobility, LLC

Guide for Determining Driver Limitations

https://www.texmed.org/uploadedFiles/Current/2016_Public_Health/MABDriverLimitationGuide.pdf

- Established by the Texas Medical Advisory Board (MAB)
- Features rules for driving restrictions for those with medical conditions, such as seizures, dementia, sleep disorders, and cardiac disease
- When a physician refers a patient case to MAB for evaluation, the board reviews the medical facts and reaches an opinion. At that time, the board forwards a written recommendation to the DPS Driver License Division, which informs the individual of the decision.

Liability

- A physician who reports to the medical advisory board or a panel under Section 12.096 is not liable for a professional opinion, recommendation, or report made under this subchapter.
- Neither the MAB nor the attending physician are legally liable for the decisions or actions taken by DPS in the licensing or un-licensing of drivers.*

Texas Reporting Guidelines

- The release of information under Section 12.096 is an exception to the patient-physician privilege requirements imposed under Section 159.002, Occupations Code.
- Texas does not have a mandatory reporting law, but physicians do have an ethical duty to discuss driving.
- Texas Department of Public Safety (DPS) is solely responsible for all actions taken with regard to licensing.

FUNCTIONAL STABILITY & MOBILITY, FITNESS TO DRIVE PROGRAM
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DRIVING RETIREMENT

Driving Safety for Older Adults & Caregivers July 2020

Created by Megan Frazier, MS, OTR homeanddriving.com

Recommendations for increasing safety & independence with community mobility!




[Learn More About Driving Retirement](#)

WHAT	WHY	WHEN
An individualized plan to help an older adult maintain community mobility, participate in important life events, fill daily needs such as accessing food, medication and doctors.	Developing a "Driving Retirement Plan" will help older adults maintain their community independence and reduce risk for secondary side effects including depression and isolation.	Early: It is important to talk to your loved one before driving becomes a problem. Often: Frequent conversations about driving performance help the older adult adjust their driving behavior & consider their options.

HOW TO DEVELOP A DRIVING RETIREMENT PLAN

Consider public, private, & family options.



HOME AND DRIVING

A driving retirement plan will help you maintain social connections, decrease risk of entry into a long-term care facility, and maintain physical and mental health. *First*, you need to consider your transportation needs, physical limitations, cognitive limitations, available transportation options in your area, availability of family and friends to assist, and finances available. *Second*, you need to make a list or chart that pairs the transportation option (i.e. public transportation) with the destination (i.e. doctor's office). *Finally*, you may need to consider how this plan can evolve if you have further changes in your physical needs or cognitive limitations.

CREATED BY WWW.HOMEANDDRIVING.COM



HOW TO REFER FOR A DRIVING EVALUATION

- ### 1 IDENTIFY CLIENT

Clients that have had changes in cognitive or physical function, increased number of falls, or disease progression.
- ### 2 SEND A FAX

Include client's contact information, relevant past medical history, & order reading "Occupational Therapy driving evaluation & treat".
- ### 3 WE DO THE REST

We contact the client to set up the appointment. We complete the clinical evaluation & on-road assessment at the client's home.
- ### 4 GET THE RESULTS

We send the evaluation results to you via fax. We provide recommendations for Fitness to Drive & Driving Retirement.

Learn More & Follow



We write & post weekly blog posts on our website for clients & clinicians on all aspects of driving across the life span.



Visit our Facebook page for daily articles, posts, current speaking engagements, and additional resources.

Last Thoughts: Now What?!

- ▶ Get Involved (CoP, SIS, advocacy)
- ▶ Host a CarFit Event
- ▶ Give a “We Need to Talk” Seminar
- ▶ Provide a Pre-Driving Skills Clinic
- ▶ Provide a clinic on using alternative transportation
- ▶ Give/Host a talk for other medical providers
- ▶ Talk to your clients & families about driving

Questions/Comments



Thank You! Contact Us

- ▶ Website
www.homeanddriving.com
- ▶ Email
Megan@homeanddriving.com
- ▶ Phone
 - ▶ (254) 290-3333

