ADED

The Association for Driver Rehabilitation Specialists

The Role Of Driver Rehabilitation In Determining Fitness To Drive:

Recommendations for State Driver License Agencies

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Forward

Among the many duties of State Driver License Agencies (SDLAs), protecting public safety is a top priority. Responsible for making decisions concerning an individual's fitness to drive and safely operate a motor vehicle, SDLAs work closely with Medical Advisory Boards (MABs) to ensure that a driver is capable of operating a motor vehicle with minimal risk. This process includes the following elements:

Initial Assessment. Determine if sanctions should be placed on an individual's driving privilege and be included in the MAB's recommendation concerning the individual's ability to continue driving. This determination is based on the individual's driving record, medical history, cognitive screening, clinical and behind the wheel evaluation, and/or medical reporting referral.

Medical Reporting. Various methods are employed by different jurisdictions, but the primary approaches are:

- Self-Reporting and Referrals – When jurisdictions have reportable medical conditions, it is incumbent upon the individual to self-report or others (e.g., friends, family, law enforcement, private physicians, neighbors, etc.) to report the condition to the licensing agency.
- Mandatory Reporting - When a driver has been diagnosed with a reportable condition, physicians are required to report the condition to the licensing agency. Upon notification of the driver's medical condition(s), an assessment and evaluation are conducted and a decision regarding the individual's driving status is made by the licensing agency.

Fitness to Drive. Evidence and research indicate that a driver becomes unfit to drive based upon threshold or cut points (vision requirements being one example). Jurisdictions should rely on the following when making decisions regarding fitness to drive:

- Medical Expert Judgement – Based on evaluative/factual evidence that an individual has displayed risky driving behavior(s) that is/are directly correlated to a medical condition, the individual is determined to be physically or cognitively unfit to operate a motor vehicle. Importantly, a diagnosis alone is insufficient evidence to revoke driving privileges.
- Factual Evidence – The individual's medical condition(s) has/have posed an imminent threat to public safety (e.g., sudden loss of consciousness, dazed or confused state of mind, physical inability to operate a motor vehicle, etc.).

Medical Review of Driving Privileges. MAB recommendations rely on accurate evaluations and assessments conducted by professional driver evaluators who specialize in assessing medically at-risk drivers. These driver rehabilitation specialists provide objective and current evidence regarding a driver's abilities by conducting clinical assessments, behind the wheel assessments, and/or driver's training or remediation.

Reliance on credentialed professionals will enhance any jurisdiction's fitness to drive program and, most importantly, will protect and advance public safety. Driver rehabilitation specialists are an essential component of any credible driver fitness program, and SDLAs that adopt and enforce professional standards with regard to their medical guidelines will assure appropriate and effective service delivery to both the individual driver and the general public.

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Purpose Statement

This document provides guidance to SDLAs regarding the role of the driver rehabilitation specialist in providing evidence, via comprehensive driving evaluations, to support fitness-to-drive decisions for medically at-risk drivers. It also serves as an education tool for collaboration on effective medically-at-risk programs to promote safety, efficiency, and standardization for highway safety.

Introduction

SDLAs are responsible for making decisions concerning driver's ability to safely operate a motor vehicle. While many states have established systems for addressing the licensing status of all drivers, the process of determining a medically-at-risk individual's fitness to drive can be complex. That being said, driver rehabilitation specialists are a vital resource for streamlining and strengthening the process of determining an individual's fitness to drive.

Driver rehabilitation specialists work with drivers of all ages, abilities, and medical conditions. In addition to conducting comprehensive driver evaluations, the driver rehabilitation specialist can assist drivers (as well as their families, caregivers, and other interested parties) navigate the challenges of diminished driving abilities. This may include vehicle modifications, automobile adaptive equipment, driving aids, and/or education regarding strategies to decrease risk (e.g., refraining from driving at night or during poor weather conditions, avoiding left turns, not driving during rush hour, etc.). When indicated, the driver rehabilitation specialist is also equipped to help individuals explore transportation options when driving retirement is necessary. Specialists that hold a certification in the field are designated as Certified Driver Rehabilitation Specialists (CDRS®).

This document – which was developed by a coalition of automotive mobility industry professionals (including members of the Association for Driver Rehabilitation Specialists and the American Association of Motor Vehicle Administrators, as well as representative from various state Vocational Rehabilitation Agencies – contains specifics regarding the professional specialty of driver rehabilitation (training, education, certification, etc.). This document can also be used to develop or refine best practices, and to explore collaboration opportunities between the SDLA and driver rehabilitation specialist communities to advance our shared mission of protecting and advancing public safety.

American Association of Motor Vehicle Administrators (AAMVA)

The American Association of Motor Vehicle Administrators (AAMVA) is a tax-exempt, nonprofit organization developing model programs in motor vehicle administration, law enforcement, and highway safety. The association also serves as an information clearinghouse in these areas, and acts as the international spokesman for these interests.

Founded in 1933, AAMVA is a nonprofit organization that develops model programs for motor vehicle administrations, law enforcement, and highway safety. Representing the state, provincial, and territorial officials in the United States and Canada who administer and enforce motor vehicle laws. AAMVA's encourages uniformity and reciprocity among states and provinces, and its research and development activities provide guidelines for effective service delivery.

Association for Driver Rehabilitation Specialists (ADED)

ADED is the professional association for driver rehabilitation specialists and is comprised of professionals who work with persons with disabilities, the aging, and medically at-risk drivers to facilitate driving independence and, when necessary, a graceful retirement from driving. The organization provides education, research, and support to its members working in the allied health, driver education, driver training, and automotive mobility fields; promotes professional excellence and thought leadership; and advocates for safe processes and solutions through the development of guidance documents and best practices for the delivery of driver rehabilitation services. With over 1,000 members worldwide and over 400 active Certified Driver Rehabilitation Specialists (CDRS®) in the U.S. and Canada, ADED is the only organization in North America to offer the CDRS credential. ADED also offers additional credentials that recognize specialty services within driver rehabilitation (Older Driver Badge, for example), and a microcredential (Driver Rehabilitation Professional) to recognize those who have achieved the skills necessary to offer basic and low technical services. ADED can be reached at (866) 672-9466, info@aded.net, or www.aded.net.

The Role Of Driver Rehabilitation In Determining Fitness To Drive

Professional Credentials Of The Driver Rehabilitation Specialist

The preferred provider should demonstrate a combination of recommended credentials, experience, and training in driver rehabilitation as outlined in this section.

Credentials	• Certified Driver Rehabilitation Specialist (CDRS®) from ADED, OR
	• In the absence of a CDRS®, the recommended driver rehabilitation specialist should:
	  • Be eligible for taking the CDRS® examination with the goal of obtaining the credential within one-year OR
	  • Actively working toward CDRS® eligibility (i.e. micro-credential DRP), under the mentorship of an active CDRS® OR
	  • Possess a medically licensed degree (occupational therapy, physical therapy, etc.),
	• AND: Possess additional licenses as required by the state agencies (certified driving instructor, licensed driving instructor, etc.).

Experience & Training	In addition to credentials, the preferred provider shall also demonstrate experience and training in this specialized field. Experience and training may be demonstrated through a variety of methods including earning credentials specific to the field (badge, micro-credential, certification), attestation statement, or proof of post-graduate certificate. • For clinical assessments of clients where cognition is a concern, the medically licensed provider should have experience evaluating and treating cognitive medical conditions. • For evaluations in which mobility equipment is indicated, the CDRS® /driver rehabilitation specialist must be proficient in the application and operation of mobility equipment. CDRS® /driver rehabilitation specialist should be selected based on their proficiency with the specific type(s) of equipment as defined in the *Spectrum of Driver Services* (basic, low tech, high tech). • Professional development is expected through appropriate continuing education as well as adherence to the ADED Code of Ethics (or professional equivalency) and ADED's *Guidelines for the Delivery of Driver Rehabilitation Services.*

The Driver Rehabilitation Process

As highlighted above, the CDRS® /driver rehabilitation specialist is a credentialed and experienced resource for supporting the SDLA's medical review process. This next section describes the work of the CDRS® /driver rehabilitation specialist and how it can be used to support a collaborative relationship towards improved public safety.

The interaction between a driver and the CDRS® /driver rehabilitation specialist begins with a comprehensive driver evaluation, performed by a medically licensed professional or a combination team of a healthcare provider specialized in the area and a qualified CDRS®/driver rehabilitation specialist. This objective, factual, real-time evidenced based report is shared with the referring physician, and based on SDLA policy, may be shared directly to the SDLA to support medical reporting process. It is acknowledged and appreciated that each SDLA has their own unique process for medical reporting based on regulation, driver's needs, etc. However, it is ADED's goal to provide communication that ultimately supports the SDLA process and mission of driver safety.

The following descriptions and associated flow charts are provided to demonstrate ways that the specialist can support, enhance, and expand the state's medical review process.

Comprehensive Driver Evaluation

The comprehensive driver evaluation is a process that begins with the CDRS®/driver rehabilitation specialist evaluating the driver. A comprehensive driver evaluation is initiated in response to a concern regarding the driver's fitness to drive. This concern may come directly from the driver (self-reporting) or a referral from a physician, law enforcement, family member, equipment vendor, or SDLA through the medical review process.

The comprehensive driver evaluation is used to assess an individual's current level of driving ability and, if appropriate, to predict the effectiveness of future intervention (driver training with or without adaptive driving devices) or classroom education.

The comprehensive driver evaluation includes:

- Clinical assessment (assessment of physical functioning, vision, visual perception, and cognition, etc.), and
- Behind the wheel assessment, which is typically completed in a driver rehabilitation vehicle equipped with a passenger-side brake and mirror, in a real-time, on-road driving environment (not simulated). If the driver will need adaptive equipment, this will be selected based on the driver's needs and introduced at this time.
- Outcome discussion include recommendation on driving behaviors which may include:
    1. Fitness to drive, or
    2. Training or remediation, or
    3. Unfit to drive

Outcome 1: Fitness To Drive

Discussion 1: Fitness to Drive: Drivers who present with a pattern of demonstrating behaviors to be able to manage the vehicle, make appropriate driving decisions and follow the rules of the road, and demonstrate navigational or wayfinding abilities during the comprehensive driving evaluation are recommended for fitness to drive. The specialist follows the state's SDLA guidelines for reporting and communicating all medical conditions. In many cases, a driver, who has recovered from a condition and demonstrates fitness to drive would be reviewed by the SDLA for continued permission to maintain driving privileges.

Outcome 2: Training or Remediation

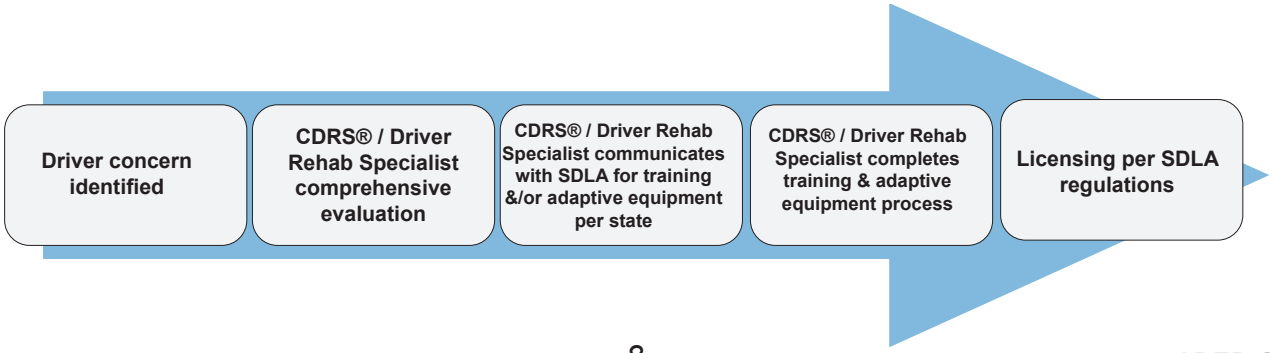
Discussion 2: Training or Remediation: Drivers who may benefit from additional time to recover a lost skill and/or to learn to drive with adaptive equipment are recommended for training.

Once the driver concern is identified, the specialist completes the comprehensive driving evaluation, and communicates with SDLA. The specialist will work with the driver to complete needed driver rehabilitation training and/or adaptive equipment training. Finally, the specialist will support SDLA licensing process.

It is the role of the CDRS® /DRS, in alignment with the SDLA's process, to provide a client specific adaptive equipment prescription, support installation with the NMEDA QAP dealer (see Terms and Definitions) and complete a final fitting.

In addition, it is the responsibility of the specialist to know and understand their SDLA's licensing or re-licensing process for adaptive driving and/or driver rehabilitation training. Many states have an outlined process for supporting novice and experienced drivers who demonstrate proficiency of adaptive equipment driving, which includes a driving skills test and licensing.

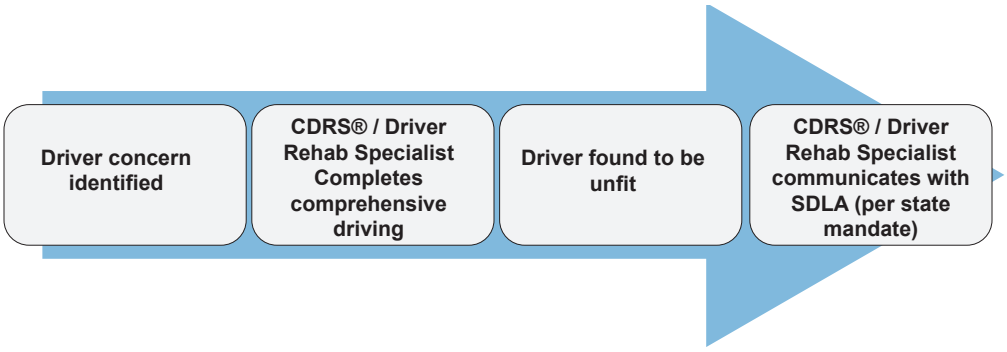
It is important to highlight that the order of events may differ from state to state and may not be completed in a linear fashion based on your state's regulations.



Outcome 3: Unfit to Drive

Discussion 3: Unfit to Drive: Drivers who demonstrate a risky pattern of driving behaviors during a comprehensive driver evaluation are determined to be unfit, and generally recommended for driver cessation if their driving skills cannot be remediated.

For these cases, the specialist will then follow the SDLA outlined process for reporting and supporting driving retirement. Examples may include reporting concern to the referring physician and SDLA, recommendation to transfer a driver's license to an identification card, and family support for the driving retirement process, including alternative transportation options, such as Paratransit.



Recommendations For Collaboration

SDLAs and driver rehabilitation specialists share a dedication to ensuring the safe operation of motor vehicles. Collaboration will benefit both constituencies as well as the citizens and drivers served in the state. Meetings, seminars, webinars, and other collaborative methods should be developed and utilized in order to increase communication and support amongst these like-minded professionals. Such an approach will foster a better understanding of each group's expertise, abilities, and perspectives; more efficient service provision; and more effective fitness to drive determinations.

Inviting key stakeholders to the collaborative effort can have a positive effect on public safety and the driver's experience in the SDLA system. Recommended stakeholders include: State representatives (medical review, licensing, regulatory), Vocational Rehabilitation representatives, CDRS® /driver rehabilitation specialist, Mobility Equipment Dealers/NMEDA QAP Dealers, law enforcement, medical specialists, etc.

Proposed discussion topics for ongoing SDLA/driver rehabilitation specialist collaboration may include (see Resources for specific state example):

SDLA Contributions

- State-specific policies and procedures relevant to drivers with disabilities/medical conditions
- State-specific policies and procedures regarding new residents who were previously licensed in another state
- State-specific policies and procedures regarding license restrictions (e.g., vision, geographic restrictions) or drivers in special programs (e.g., ignition interlock)
- Major or pertinent changes to state vehicle laws
- Preferred methods of communication (e.g. phone, fax, email, online portal, etc.)

CDRS®/ Driver Rehabilitation Specialist Contributions

- Assessment tools and evidence-based practice used in clinical evaluations
- Common behind-the-wheel tests used by driver rehabilitation specialists
- Methods by which additional testing or driver's training is recommended
- Specific medical conditions (e.g., stroke, brain injury, dementia, spinal cord injury, etc.) and their impact on an individual's fitness to drive
- Automobile adaptive equipment (low tech and high tech) demonstrations
- Driver-contested decisions
- Agreement with SDLA on preferred format for driver rehabilitation evaluation and recommendations report
- Release of information forms and other documentation required to conduct and report a comprehensive driver evaluation.

Conclusion

The driver rehabilitation specialist is an asset when determining an individual's fitness to drive, whether that determination is being made before or after an individual has drawn the attention of a licensing authority. Certainly, once a medical review board becomes involved in determining an individual's fitness to drive, the CDRS/driver rehabilitation specialist's expertise should be relied upon to professionally evaluate the driver's abilities, deficits, limitations, and/or remediation potential and, ultimately, to assist the SDLA with determining the appropriate licensing status based on a thorough review of all relevant factors. By fully utilizing driver rehabilitation specialists' evidence-based evaluations and clinically relevant recommendations, SDLAs can more accurately determine the most appropriate driving status for individuals with medical conditions or the mature driver.

Increasing and enhancing communication between SDLAs and the CDRS/driver rehabilitation specialist community is vital to improving the administrative and evaluative elements of the process while improving outcomes for drivers enrolled in the medical review system. ADED's driver rehabilitation specialist members have a presence in nearly all 50 states and U.S. territories, and the Association is prepared to function as a liaison between the states and local providers as all parties work together to support safe and independent community mobility while preserving and promoting public safety.

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APPENDIX A:
Terms: Stakeholders, Processes, Licensing

Stakeholders

Stakeholders are the individuals or organizations involved in the driver rehabilitation process and include some potential funding resources for driver modification equipment.

Certified Driver Rehabilitation Specialist (CDRS®): A professional credential representing advanced experience and expertise in diverse areas within the field of driver rehabilitation. A CDRS® is an experienced practitioner who has completed a formal certification examination and has proven their capacity to provide the full spectrum of driver rehabilitation services. The CDRS® credential – which requires 30 hours of continuing education per three-year renewal cycle and is subject to audit – is the gold standard for driver rehabilitation service provision.

Driver Rehabilitation Professional (DRP): A micro-credential earned by a professional in the field of driver rehabilitation who, through successful completion of specific training courses, is equipped to provide services within basic and low-tech programs as per the Spectrum of Driver Rehabilitation Program Services. The DRP micro-credential is a steppingstone towards the CDRS® certification and requires a defined amount of continuing education to ensure continued growth and current knowledge in the field.

Driver Rehabilitation Specialist: Provides clinical driving evaluations and automotive mobility equipment evaluations and intervention to assist individuals with developing or restoring driving skills and abilities. [Note: A driver rehabilitation specialist may or may not have a health professional background, nor possess a validated credential in the field. With a health professional background, a driver rehabilitation specialist can provide the comprehensive driving evaluation.] [1].

Driving Instructor: Provides driving instruction, knowledge, skills development, and assessments for individuals without medical conditions. With additional training and certification, driving instructors may provide services for individuals with medical conditions.

Vocational Rehabilitation: State-administered vocational rehabilitation (VR) programs are designed to enable persons with disabilities to obtain and maintain employment. Most state VR programs fund driver rehabilitation and/or vehicle modifications if such services are determined to enhance the individual's ability to obtain or maintain employment.

U.S. Department of Veterans Affairs (VA): The VA provides driver education and training opportunities for eligible veterans and service members. These services, offered by trained professionals, can be provided in either an inpatient or outpatient setting; for both drivers and passengers; and include evaluation, consultation, and assessment of a wide range of physical and mental disabilities related to driver rehabilitation.

Mobility Equipment Dealer: An individual or business that installs automotive mobility equipment and/or performs motor vehicle modifications (structural or otherwise) to enable people with disabilities to safely use a motor vehicle as a driver and/or passenger[2].

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1 Transportation Research Board. (2016, July). *Taxonomy and Terms for Stakeholders in Senior Mobility (E-C211*).

2 *Guidelines for Best Practices in the Delivery of Driver Rehabilitation Services*, Association for Driver Rehabilitation Specialists, 2016

- **Quality Assurance Program (QAP):** Developed to elevate mobility equipment dealer performance and to reliably meet consumers' transportation needs while ensuring safe outcomes, the National Mobility Equipment Dealers Association's (NMEDA) Quality Assurance Program (QAP) is the only nationally recognized accreditation program for the automotive mobility industry.
- **Specialty Certification in Driving and Community Mobility (SCDCM):** A certification provided by the American Occupational Therapy Association (AOTA), based on experience, professional development, and a portfolio review.

Processes

The following are processes specific to the driver rehabilitation process.

Comprehensive driving evaluation: A complete evaluation of an individual's driving knowledge, skills, and abilities by a driver rehabilitation specialist/healthcare professional that includes:

1. Medical and driving history
2. Clinical assessment of sensory–perceptual, cognitive, or psychomotor functional abilities
3. Behind the wheel assessment, as appropriate
4. An outcome summary
5. Recommendations for an inclusive mobility plan including transportation options. [1]

Clinical assessment: A driver rehabilitation specialist/healthcare professional obtains and interprets data and documents results to determine fitness to drive through assessment of sensory–perceptual, cognitive, or psychomotor functional abilities using specific tools or instruments. [1]

Behind the wheel (BTW) assessment and training: The driver rehabilitation specialist observes the driver performing maneuvers using typical or adaptive driving equipment in a motor vehicle that is also equipped with a passenger-side brake and mirror. The goal of the assessment is to determine the driver's safety, or their potential to improve their driving skills, with or without adaptive equipment. The evaluation can be conducted on a closed course, in no/minimal traffic settings or on public roads, based on the driver's skills and abilities. If the driver is learning to drive using adaptive equipment, training begins in no/minimal traffic settings and progresses to public roads. Following training, the driver is referred to the SDLA for skills testing and licensing.

Adaptive equipment (mobility equipment): Any product or device designed to enable the performance of daily activities by an individual. [1] Adaptive equipment for vehicle control includes devices to enable a person with physical limitations to steer, accelerate/decelerate and stop the vehicle, as well as operate secondary controls such as signals, lights, windshield wipers, horn etc.

- Adaptive equipment is considered a subset of assistive technology.
- Adaptive equipment for vehicles, although commercially available, should not be installed or used by the consumer without assessment and training by a driver rehabilitation specialist especially for products that interact with the action of driving (e.g., hand controls, left-foot accelerator pedal, steering knob). Professional assessment would result in recommendations for installation, types

1 Transportation Research Board. (2016, July). *Taxonomy and Terms for Stakeholders in Senior Mobility (E-C211)*.

and styles of equipment, position of equipment, as well as training in the use of the adaptive equipment. These include mechanical adaptations- see low technology below.

- Adaptive equipment that is beyond a mechanical adaptation or requires its own motor to operate is considered high-tech adaptive equipment and requires the expertise of a skilled clinician for evaluation or training and an engineer or mechanic for installation – see high technology below.

High technology (high tech): High technology devices are those that meet the following conditions: 1) device capable of controlling vehicle functions or driving controls, AND 2) operate with a designed logic system or interface or integrates with an electronic system of the vehicle. Examples: Primary driving controls such as powered gas/brake systems, power park brake integrated with powered gas/brake system, reduced effort steering systems, horizontal steering systems, reduced effort brake systems, backups for primary controls. Secondary driving controls such as remove panel or switch array interfacing with OEM electronics, wiring extension for OEM electronics, powered, transmission shifter.[1]

Low technology (low tech): These are all the other devices or modifications that do not meet the definition of high technology devices or modifications. Examples: Primary driving control devices such as manual gas and brake hand control, left foot accelerator pedal, steering terminal device, and driver training brake. Secondary driving control devices such as remote horn button, turn signal cross-over lever, park brake lever or stand-alone powered park brake, switch extension on OEM control, transmission shifter lever, transfer seat belt. [1]

Driving mobility equipment evaluation: Obtaining and interpreting data and documenting results to form an individualized mobility plan based on an individual's abilities or potential to be an independent driver using mobility equipment, including wheelchair seating, that may include:

1. Screening or assessment of sensory–perceptual, cognitive, and psychomotor functioning.
2. Wheelchair seating or mobility equipment as they pertain to the functional skills necessary to safely operate a motor vehicle; and
3. Behind the wheel assessment of the individual using equipment similar to that which will be recommended. [2]

SDLA driving skills/road test: An examination of driving maneuvers and knowledge of rules of the road performed in a motor vehicle on a public highway or street.[2] A road test is generally completed by department of motor vehicle licensed examiners or other parties authorized to do so. [2] [3]

Fitness to drive: A driver characteristic or a description of a driver, defined by the absence of any major functional (sensory–perceptual, cognitive, or psychomotor) deficit or medical condition that significantly impairs an individual's ability to fully control the vehicle while conforming to the rules of the road and obeying traffic laws, or that significantly increases crash risk.[2] [3])

Driving simulators are used for training of driver's education courses taught in educational institutions and private businesses. They are also used for research purposes in the area of human factors and medical research, to monitor driver behavior, performance, and attention and in the car

1 *Guidelines for Best Practices in the Delivery of Driver Rehabilitation Services*, Association for Driver Rehabilitation Specialists, 2016

2 Transportation Research Board. (2016, July). *Taxonomy and Terms for Stakeholders in Senior Mobility (E-C211).*

3 *Recommended Practices for Driver Rehabilitation & Vehicle Modifications; Guidelines for Vocational Rehabilitation,* Association for Driver Rehabilitation Specialists, 2019

industry to design and evaluate new vehicles or new advanced driver assistance systems. [1]

Driving simulator assessment: Use of a simulator to measure and characterize driving skills and abilities for research, or as a pre-cursor to a comprehensive driver rehabilitation assessment; not equivalent to an on-road assessment. [2]

Assistive technology: Any item, piece of equipment (or product system) available commercially as original equipment, as modified equipment, or as customized equipment that is used to increase, maintain or improve functional driving capabilities. Assistive technologies being developed are no longer exclusively used for individuals with disabilities. Assistive technologies include mainstream devices useful to individuals with a wide range of abilities off the shelf or aftermarket (e.g., GPS units, backup cameras). Includes hard and soft technology: – Hard technology is the actual device or piece of equipment (e.g., vehicle hand controls, left-foot accelerator) and – Soft technology is the human supports of training or assessment strategies in order to use the hard technologies.[2]

Safety technology: many of the safety features available on newer vehicles benefit all drivers, including drivers with disabilities, novice or mature drivers. Examples include lane control assist, blind spot warning, or forward collision avoidance. As with all drivers, persons with disabilities must not rely solely on these safety features but utilize them to increase their driving capacity.

Bioptic driving: a method of driving for those with visual impairment that utilizes both the driver's general vision in combination with intermittent spotting through a small telescopic system that improves the sharpness of the driver's far vision. [3] Bioptic driving typically requires specialized assessment and training by a qualified driver rehabilitation specialist, followed by SDLA Road testing and re-licensing if required by the state.

Episodic impairment: An impairment that occurs in an otherwise unimpaired driver, such as a seizure or a loss of consciousness, where prediction of the degree of risk is based upon the clinical situation and history of the individual driver.[2]

Permanent driving impairment: An impairment that will not improve in the foreseeable future.[2]

Driving retirement (as a process): Prior to cessation, the transition from operating an automobile to becoming a passenger or using alternative transportation; this occurs at different rates for different people.[2]

Driving cessation: When an individual chooses or is forced to permanently stop driving.[2]

Licensing

The following are specific terms used to describe the type of license designation that may be used during or following the driver rehabilitation process.

Restricted License: Limits a driver based upon a person's driving ability with respect to types of vehicle(s), special mechanical control devices on a motor vehicle, geographical limitations, hours of operations, or other restrictions applicable to the person as deemed appropriate to ensure safe operation of a motor vehicle. Restricted driving privileges are granted either by a court or by SDLA, depending on the nature of the suspension or revocation.

Driver Permit (learner's permit, learner's license, or provisional license): A restricted license that first-time drivers are required to obtain before they are allowed to get a full driver's license. The driver's permit allows the driver to operate a vehicle accompanied by a licensed driver prior to passing the driving test. The age at which you are required to apply for a driver's permit varies by state.

1 https://en.wikipedia.org/wiki/Driving_simulator
2 Transportation Research Board. (2016, July). *Taxonomy and Terms for Stakeholders in Senior Mobility (E-C211)*.
3 http://www.biopticdrivingusa.com/

APPENDIX B:
Review Of The Spectrum Of Driving Services

There is a range of supplemental driving services available to the public. T*he Spectrum of Driver Services and Driver Rehabilitation Programs*, a document created in collaboration between ADED & the American Occupational Therapy Association (AOTA), highlights the distinctions between these driver services and programs.

To begin, driver services can be divided into the primary categories of community-based education, medically based assessments, and specialized evaluation programs. These categories in turn can be further divided into driver safety programs, driving schools, driver screen, clinical instrumental activities of daily living (IADL) evaluation, and driver rehabilitation programs.

Descriptions for each category follow below. For more information, please refer to the *Spectrum of Driver Services and Driver Rehabilitation Programs* [1]

Community-Based Education

Driver Safety Programs
Driver safety programs are community-based education programs offered by groups such as AARP & AAA. Examples of these programs include AARP's Safe Driver Course or on-line self-check. These education-based, often self-paced, programs are provided in a classroom or online setting, offer the driver strategies for safe driving and driver refresher information. The outcome of these programs is to provide the public education and awareness. Driving safety programs are an out of pocket expense for the driver.

Driving School
Driving schools are community-based education programs. These programs are often provided by licensed driving instructors (LDI) certified by the state licensing agency or department of education. Driving schools provide instruction to novice or relocated drivers (not medically-at-risk drivers) via classroom and/or on-road behind the wheel experience. Typical services provided include education to enhance driving performance, driver permit or licensing process, driver skills develop for student drivers, on-road driver education training, and remedial programs (for example: license reinstatement course for teens/adults, license point reduction courses, etc.). Driver's education may be required for novice drivers, based on state requirements. Driving schools may be an out of pocket expense for the driver, however some states provide driver's education through the school-system for novice-teen drivers.

Medically Based Assessment, Education, Referral

Driver Screen
A driver screen is a medically based assessment, education, and referral completed by a health care professional, such as a physician, social worker, or neuropsychologist to indicate risk or need for follow-up for medically at risk drivers. Providers have knowledge of relevant medical conditions, assessment, referral, and/or intervention process. In addition, the providers of a driver screen

1 *Guidelines for Best Practices in the Delivery of Driver Rehabilitation Services,* Association for Driver Rehabilitation Specialists, 2016

understand the limits and value of assessment tools, including simulation, as a measurement for fitness to drive. Services provided through the driving screen process include:

- Counseling on risks associated with specific conditions (e.g., medications, fractures, post-surgery).
- Investigating driving risk associated with changes in vision, cognition, and sensory-motor function.
- Determining actions for the at-risk driver; referring to IADL evaluation, driver rehabilitation program, and/or other services.
- Discussing driving cessation.
- Providing access to counseling and education for alternative transportation options.
- Following reporting/referral structure for licensing recommendations.

A driver risk screen is typically an insurance-covered service for the medically-at-risk driver if performed by a qualified health care provider. The outcome of a driver screen is to identify and determine driving risk and/or need for follow up for medically at-risk drivers.

Clinical Instrumental Activities of Daily Living (IADL) Evaluation
A clinical IADL evaluation is a medically based assessment, education, and referral completed by an occupational therapy practitioner or other health professional with experience in instrumental activities of daily living

Providers have knowledge of medical conditions and the implication for community mobility including driving; assess the cognitive, visual, perceptual, behavioral and physical limitations that may impact driving performance; and have knowledge of available services. In addition, these providers understand the limits and value of assessment tools, including simulation, as a measurement of fitness to drive. Services provided include:

- Evaluating and interpreting risks associated with changes in vision, cognition, and sensory-motor functions due to acute or chronic conditions.
- Facilitating remediation of deficits to advance client readiness for driver rehabilitation services.
- Developing an individualized transportation plan considering client diagnosis and risks, family, caregiver, environmental and community options and limitations.

These providers often spend time discussing resources for vehicle adaptations (e.g., scooter lift), facilitating client training on community transportation options (e.g., mobility managers, dementia-friendly transportation), discussing driving cessation, often in collaboration with caregivers, and referring to driver rehabilitation program when appropriate. In addition, these providers document driver safety risk, recommended intervention plan to guide further action, and follow professional ethics on referrals to the driver licensing authority.

A clinical IADL evaluation is often an insurance- covered service for the clients with medical considerations if provided by a licensed health care professional (OT). The outcome of a clinical IADL

evaluation is to identify and determine driving risk and/or need to refer the medically at-risk drivers for a future driver rehabilitation assessment.

Specialized Evaluation and Training

Driver Rehabilitation Programs
Driver rehabilitation programs include specialized evaluation and training provided by a professional with advanced training including a driver rehabilitation specialist, driver rehabilitation professional (DRP), Certified Driver Rehabilitation Specialist (CDRS®), and/or occupational therapists with Specialty Certification in Driving & Community Mobility (SCDCM).

These providers are skilled at applying knowledge of medical conditions and implication to driving. Using evidence-based evaluation tools, they assess the cognitive, visual, perceptual, behavioral, and physical limitations that may impact driving performance and integrate clinical findings with assessment of on-road performance. They synthesize the client and caregiver needs, recommend adaptive driving equipment, and vehicle modification. In addition, they often coordinate multidisciplinary providers and resources, including driver education, health care team, vehicle choice and modifications, community services, funding/payers, driver licensing agencies, training and education, and caregiver support.

Driver rehabilitation programs are distinguished by complexity of evaluations, type of equipment, vehicles, and expertise of provider. Specifically, they:

- Review driver license compliance and basic eligibility through intake of driving and medical history for both novice and experienced drivers.
- Evaluate and interpret risks associated with changes in vision, cognition, and sensory-motor functions in the driving context by the medically trained provider.
- Perform a comprehensive driving evaluation (clinical and behind the wheel).
- Advise client and caregivers about evaluation results, and provide resources, counseling, education, an /or intervention plan.
- Intervention may include training with compensatory strategies, skills, and vehicle adaptations or modifications for drivers and passengers.
- Advocate for clients in access to funding resources and/or reimbursement.
- Provide documentation about fitness to drive to the physician and/or driver-licensing agency in compliance with regulations.
- Prescribe equipment in compliance with state regulations and collaborate with mobility equipment dealer for fitting and training.
- Present resources and options for continued community mobility if recommending driving cessation or transition from driving.

Recommendations made by the driver rehabilitation specialist to the SDLA may include (but not limited to): drive unrestricted; drive with restrictions; temporary cessation of driving pending rehabilitation; driver training with or without adaptive equipment, planned re-evaluation for drivers with progressive medical disorders; driving cessation; and/or referral to another program or specialist.

Resources / Samples

Sample SDLA meeting agenda

A well organized meeting that is informative, educational, and interactive facilitates positive collaboration. Meetings can be conducted virtual or in person.

MARYLAND DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ADMINISTRATION

MVA/OT & Driver Rehabilitation
March 13, 2018
TIME CHANGE* ****10:30 aM – 1:00 PM* *TIME CHANGE***
MVA Executive Board Room - 200

Agenda

10:30 – 10:45	**Welcome & Introductions** *Mary Anne Scottino, MD, Associate Chief MVA MAB*
10:45 – 11:30	**Therapist vs. Driving Instructor, An Overview** *William F. Kraft, Section Manager, MVA Driver Education Programs*
	Break
11:45 – 12:30	**MVA Drive Test After OT/Driver Rehab** *Jimmy Gonzalez, Section Manager, MVA Driver Services* *Leigh Stover, Customer Agent IV, MVA Driver Services*
12:30 – 1:00	**MVA Medical Review and MVA Drive Test** *Mary Anne Scottino, MD, Associate Chief MVA MAB* *Kevin Utz, Division Manager, MVA Driver Wellness & Safety*
1:00	**Last Thoughts** Open

2018 Meetings: ******Dates Changed******
June 13th
September 12th
December 12th

May 17 – 18, 2018 - Low Vision Driver Training Specialty Workshop
!!!Approved CEUS: 11 Hours ADED AND 11 Hours MBOT!!!

CONTINENTAL BREAKFAST will be served

Example Driver Evaluation Report Summary (Clinical Assessment)

Develop a standardized report that can be implemented in your state, specifically for clinical assessments.

ADAPTIVE MOBILITY SERVICES

ADAPTIVE MOBILITY SERVICES, LLC. Driving Evaluation

1. **CLIENT INFORMATION**

Client's Name: _____ Date of Birth: _____ Client DL #: _____

OT DRS Name: _____ Evaluation Date/Time: _____

2. **Occupational Profile & Driving History**

_____

_____

_____

_____

3. **OVERVIEW OF CLINICAL IMPRESSIONS: Based on the clinical tests & measures, client presents with the following performance:**

	Performance	Comments		Performance	Comments
Visual Acuity	Intact		Visual Field & Other Areas of Vision	Intact	
Motor Function (Strength & ROM)	Intact		Coordination	Intact	
Brake Reaction	Intact		Sensation	Intact	
Cognition (Executive Function)	Intact		Traffic Sign Knowledge	Intact	

4. **SUMMARY:**

_____

_____

_____

_____

Susan Touchinsky, OTR/L, SCDCM, CDRS Adaptive Mobility Services, LLC.

_____ _____

Signature Date

Example Driver Evaluation Report Summary (Behind The Wheel))

Develop a standardized report that can be implemented in your state, specifically for behind the wheel assessment.

TRANSPORTATION SOLUTIONS

"MEETING ALL OF YOUR DRIVING NEEDS SINCE 1997"

INITIAL REPORTING FORM

Patient Information:

_____ _____ _____
Driver's license number/DOB Last Name First Name

_____ _____
Address City

Diagnosis/Disorder/Disability:

__ Loss or impairment of a limb _____
__ Unstable Diabetes
__ Cerebral Vascular Disease
__ Cardiovascular Disease
__ Loss of consciousness-cause:_____
__ Neurological Disorder
__ Other:_____

__ Cognitive Impairment:_____
__ Neuropsychiatric d/o:_____
__ Alcohol Abuse
__ Drug/substance Abuse
__ Vision: __acuity __ periphery
__ Neuromuscular disorder
__ Stroke

__ Client did not pass doctor-ordered occupational therapy driver evaluation and/or driving assessment

__ Client is refusing to attend a doctor-ordered occupational therapy driver evaluation and/or driving assessment ordered on:_____

Should this client's driving privilege be recalled because one or more of the above conditions impairs his/her ability to safely operate a motor vehicle? ___ yes ___ no ___ possibly

_____ _____
Occupational Therapist/CDRS Date faxed to:
Transportation Solutions

OT Referral and Summary Form

Develop a standardized referral system to communicate between the SDLA and the driver rehabilitation specialist.

MARYLAND DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ADMINISTRATION

OT/DRIVER REHAB REFERRAL AND SUMMARY

DRIVER'S INFORMATION

Driver's License Number Click or tap here to enter text.		**DOB** Click or tap here to enter text.
Last Name Click or tap here to enter text.	**First** Click or tap here to enter text.	**Middle** Click or tap here to enter text.

MVA

(Section to be completed by MVA Case Manager)

Case Manager: Click or tap here to enter text.
Date of Referral to OT/Driver Rehab: Click or tap here to enter text.

Reason for Referral
☐ Physician Report ☐ Self-Report ☐ MAB/DWS Review ☐ Failed MVA Drive Test
☐ Other: Click or tap here to enter text.
Comments: Click or tap here to enter text.

Current Driver's License
☐ No
☐ Yes ☐ Non-restricted ☐ Restricted to Rehab Only
Comments: Click or tap here to enter text.

OT/DRIVER REHAB

(Section to be complete by OT/Driver Rehab Specialist)

Driver Rehab Specialist: Click or tap here to enter text.
Phone/Email Address: Click or tap here to enter text.
Date of Assessment: Click or tap here to enter text.

Referral Source
☐ Physician ☐ Self ☐ Family ☐ Other: Click or tap here to enter text.

Diagnoses
Click or tap here to enter text. Click or tap here to enter text.
Click or tap here to enter text. Click or tap here to enter text.