Driving And Community Mobility Services, Laws, And Resources For Physicians

EMILY HAFFNER MOTR/L, DRS
DOREEN KNAPKE OTR/L, CDRS, ATP
CECILIA EMERY OTR/L, DRS
Objectives

• Distinguish types of driver services available in the community.
• Identify when a patient is appropriate for referral to a driving rehabilitation specialist.
• Understand state of Ohio driving laws and rules regarding medical conditions that result in physical and mental impairments.
• List available community mobility and driving resources for physicians and their patients.
SPECTRUM OF DRIVER SERVICES

Community Based Education

Medically Based Assessment, Education, and Referral

Specialized Evaluation and Training
DRIVING PROGRAM

Our Team:

Doreen Knapke OTR/L, CDRS, ATP
Willetta Johnson COTA, DRS
Cecilia Emery OTR/L, DRS
Emily Haffner MOTR/L, DRS

• Driver Training Instructor License from Ohio Department of Public Safety
• Certified Driver Rehabilitation Specialist (CDRS) from The Association for Driver Rehabilitation Specialists (ADED)
QUALIFICATIONS TO BE A DRIVER REHAB SPECIALIST

• 24 hours of observation of classroom

• 2 hours taking the role of the client behind the wheel

• 10 hours of observation behind the wheel

• 14 hours co-instruction of behind the wheel

• 2 hours behind the wheel being assessed by the Driving Program Manager
Disability Endorsement

• Required to do Driving Evaluation and Instruction with any client who has a disability

• Required for any training with in car adaptations
DRIVING REHABILITATION

- Promoting safety
- Maintaining independence
- Providing reasonable adaptations
ROLE OF THE DRIVING REHABILITATION SPECIALIST

- Complete comprehensive evaluations

- Recommend continuation, modification, or cessation of driving

- Driver education and training

- Community advocacy and awareness
EVERYONE HAS A ROLE IN DRIVING

Physicians, health care professionals, and families are on the front lines of observing medical conditions, safety concerns, and functional limitations that may have an impact on driving.
4507.08 Restrictions on issuance of license or temporary instruction permit.

“No temporary instruction permit or driver's license shall be issued to, or retained by, any of the following persons:

... Any person who ... is afflicted with or suffering from a physical or mental disability or disease that prevents the person from exercising reasonable and ordinary control over a motor vehicle while operating the vehicle upon the highways”
POPULATION

Adults and Teens

Common Diagnoses
- Cerebrovascular Accident
- Spinal Cord Injury
- Traumatic Brain Injury
- Parkinson’s Disease
- Amputation
- Multiple Sclerosis
- Developmental Disability
- Alzheimer’s
- Dementia
- Spina Bifida
- Cerebral Palsy
- Autism
- Dwarfism
- Aging population

Courts send DUI and prescription drug cases
# TO REFER OR NOT TO REFER

## REASONS TO REFER
- Vision loss
- Cognitive deficits
- Medication side effects
- Slowed reaction times
- Neurological impairments
- Musculoskeletal changes and limitations
- Multiple falls
- Neuropathy

## NOT APPROPRIATE FOR REFERRAL
- Moderate to Severe Dementia
- Moderate to severe L side neglect
- Nystagmus – Decreased gaze stabilization
- Primitive Reflexes – Moro, ATNR
- Freezing
- Severe Anger Issues
HOW TO BE REFERRED

Requires a prescription

• Must have ICD-10 code(s) listed of the patient’s diagnosis

• Must state “driving evaluation”
In determining fitness to drive, there is no single screening or assessment tool. Research supports a battery of clinical tests and an On Road Evaluation as being the best determinant for fitness to drive (Dickerson et al., 2014)
Comprehensive Driving Evaluation

Clinical Driving Evaluation

On Road Assessment
DRIVING PROGRAM COSTS

Self pay

- OT Driving Evaluation: $200.00
- OT Driving In Car: $175.00
- OT In Car Training: $100.00
- OT In Car State Exam: $150.00
- OT Driving Re-evaluation: $250.00
CLINICAL DRIVING EVALUATION

Review of medical history and driving goals

Visual Acuity

Visual Fields

Visual Perception
VISION REQUIREMENTS IN OHIO

Binocular
- Minimum Acuity 20/40 in each eye with or without lenses
- Day Time only: 20/50-20/60
- No License worse than 20/70

Monocular
- Minimum acuity 20/30
- Daytime only: 20/40-20/60
- No license worse than 20/60

Visual Fields
- At least 70 degrees in both eyes
- At least 70 temporal and 45 nasal (assessed by ophthalmologist or optometrist) for one eye
CLINICAL DRIVING EVALUATION

Road Signs
Rules of the Road
Cognitive skills
Strength
ROM
Sensation
ASSESSMENTS

• MOCA – Research has shown that a score of 16 or below is indicative of a Driver at risk

• Trails A – 25 secs pass
  > 67 secs (at risk)

• Trails B – 57 secs pass
  > 180 secs with 3 or more errors (at risk)

• Motor Free Visual Perception Test
  > 57% correct pass
  < 41% (at risk)

• For new Teen Drivers:
  CTMT
  Bot-2 shortened version
CLINICAL DRIVING EVALUATION

Driving Simulator
- reaction time
- visual attention
- visual scanning

Ability to trial vehicle modifications
REVIEW OF RESULTS

• Continue to On Road Assessment
• Driving cessation
• Follow up with case manager
• Education with client and family
• Results sent to referral source
ON ROAD ASSESSMENT

Valid license or temporary permit required
4501-7-06 Qualifications for instructing persons with a disability for class "D" license schools.

… (A) No school shall offer behind-the-wheel training programs for persons with a disability unless that school employs a driver training instructor who is certified by the director to provide training for persons with a disability.

No instructor shall provide behind-the-wheel training to a student with a disability unless that instructor has been certified by the director to train persons with a disability. …
ADJUSTING TO THE VEHICLE
ADAPTIVE EQUIPMENT
ADAPTIVE EQUIPMENT
ADAPTIVE EQUIPMENT
ON ROAD ASSESSMENT

Based on client performance and driving habits
# On Road Assessment

## Kettering Health Network Driving Program

**NeuroRehab and Balance Center 7677 Yankee Street Suite 210**

**Centerville, OH 45459**

## Behind-the-Wheel Training Report

<table>
<thead>
<tr>
<th>STUDENT’S NAME</th>
<th>DATE</th>
<th>HOME PHONE #</th>
<th>WORK PHONE #</th>
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<th>STATE</th>
<th>ZIP CODE</th>
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<thead>
<tr>
<th>PERMIT # / DRIVER LICENSE #</th>
<th>DATE VALIDATED</th>
<th>DATE EXPIRE</th>
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<tr>
<th>ENTERPRISE NAME</th>
<th>ENTERPRISE #</th>
<th>REPORT YEAR</th>
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<tbody>
<tr>
<td>Kettering Health Network Driving Program</td>
<td>614</td>
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## Driving:

<table>
<thead>
<tr>
<th>PASS</th>
<th>FAIL</th>
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## Performance Code

3-GOOD 2-FAIR 1-NEED IMPROVEMENT

<table>
<thead>
<tr>
<th>DATE</th>
<th>START TIME</th>
<th>END TIME</th>
<th>HOURS DRIVEN</th>
<th>Check for valid permit/license</th>
<th>Entry level procedure tasks</th>
<th>Minimal traffic; numerous intersections</th>
<th>Selective parking techniques</th>
<th>High speeds, sight distance, planning</th>
<th>Moderate traffic, in-town</th>
<th>Expressway, controlled access highway</th>
<th>Parallel parking, Maneuverability test</th>
<th>Lane changes / Passing</th>
<th>Large volume of traffic</th>
<th>Shifting</th>
<th>Vehicle Spacing</th>
<th>Lane Positioning</th>
<th>Stopping / Starting</th>
<th>Right Turns</th>
<th>Left Turns</th>
<th>INSTRUCTOR INITIALS</th>
<th>STUDENT INITIALS</th>
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AFTER THE EVALUATION/TRAINING

Discussion of results and recommendations with client and family

Report sent to the referral source
4507.14 Registrar to impose restrictions suitable to driving ability.

“The registrar … may impose restrictions suitable to the licensee's driving ability with respect to the type of or special mechanical control devices required on a motor vehicle that the licensee may operate, or any other restrictions applicable to the licensee that the registrar determines to be necessary.”
ADAPTIVE EQUIPMENT

Left Foot Accelerator
ADAPTIVE EQUIPMENT

Hand Controls
TRAINING

• Using adaptive equipment
• Managing mobility devices
Training Process

Reports get sent to the referral source

Physician Form sent to state
### PHYSICIAN FORM

**OHIO DEPARTMENT PUBLIC SAFETY**
**BUREAU OF MOTOR VEHICLES**

**REQUEST FOR STATEMENT OF PHYSICIAN**

**PATSIENT INFORMATION** (Type or print in ink)

<table>
<thead>
<tr>
<th>Patient First Name</th>
<th>Last Name</th>
<th>MI</th>
<th>Date of Birth</th>
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<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone Number</th>
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☐ Check here if this is a name or address change.

**RELEASE OF INFORMATION**

I hereby authorize and request information regarding my physical and mental condition be released to the Driver License Division, Bureau of Motor Vehicles.

<table>
<thead>
<tr>
<th>Patient Signature</th>
<th>Date</th>
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<tbody>
<tr>
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**PHYSICIAN’S STATEMENT**

If new patient, are records of previous physician available?  ☐ Yes  ☐ No

**Previous Physician Name**

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<th>Address</th>
<th>City</th>
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**Is this patient being treated by another physician for any condition not being treated by you?**  ☐ Yes  ☐ No

**Other Treating Physician Name**

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If yes, should the BMV contact the physician referenced above regarding driving privileges of this patient?  ☐ Yes  ☐ No

**Patient history and/or physical reveal the following:**

- Yes  ☐ No  Vision abnormalities or eye disease (not correctable by eyeglasses)
- Yes  ☐ No  Musculoskeletal disorder (including loss of limb)
- Yes  ☐ No  Cardiovascular disease (e.g., Stroke, Angina, Heart failure, Hypertension)
- Yes  ☐ No  Respiratory disease (e.g., Emphysema, Asthma)
- Yes  ☐ No  Diabetes Mellitus and/or other Endocrine disorders
- ☐ Yes  ☐ No  Insulin Dependent
- Yes  ☐ No  Neurological disease (e.g., Epilepsy, Multiple Sclerosis, Parkinson’s disease)
- Yes  ☐ No  Impairment due to alcohol or drugs
- Yes  ☐ No  Psychiatric disorders
- ☐ Yes  ☐ No  Cognitive Impairment
- Yes  ☐ No  Other medical disorders which could interfere with driving ability

**EXPLANATION REQUIRED FOR ALL ANSWERS ABOVE.**

**IMPLEMENTATION OF SECTIONS 4507.20; 4507.08 AND 4507.081 OHIO REVISED CODE, REQUIRES THE FOLLOWING INFORMATION BE PROVIDED:**

1. How long has the condition(s) existed?

<table>
<thead>
<tr>
<th>Condition</th>
<th>No. of Years</th>
<th>No. of Months</th>
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2. Give date of last episode or exacerbation.

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<thead>
<tr>
<th>Condition</th>
<th>Year</th>
<th>Month</th>
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2A. If #2 is not applicable, how long has the condition been under effective medical control?

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<th>Condition</th>
<th>No. of Years</th>
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**BMV 2310 3/13 (700-0310) Page 1 of 2**

**RESTRICTED – PII**
3. Is medication prescribed? ☐ Yes ☐ No If yes, please list medications.

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4. If medication is prescribed, has your experience with this patient indicated that he/she can be depended upon to take the medication regularly and as instructed? ☐ Yes ☐ No

5. If you have discontinued patient's medication, give date of termination.

<table>
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<th>YEAR</th>
<th>MONTH</th>
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6. In your professional opinion, is this patient's condition(s), on this date, sufficiently under effective medical control to operate a motor vehicle?

PLEASE NOTE: IF YOU ANSWER "YES" TO PARTS B, C, OR D BELOW, THE EXAM WILL BE CONDUCTED NOW. THE EXAM(S) WILL BE CONDUCTED AT A DRIVER LICENSE EXAM STATION.

- ☐ Yes. This patient **should be permitted to** retain driving privileges.
- ☐ Yes. This patient **should be permitted to** retain driving privileges *only if* they can pass a partial driver license exam which consists of a vision screening and a road test for driving and maneuverability.
- ☐ Yes. This patient **should be permitted to** retain driving privileges *only if* they can pass a vision exam.
- ☐ Yes. This patient **should be permitted to** retain driving privileges *only if* they can pass a complete driver license exam which consists of a vision screening, written test of Ohio's laws and signs, and a road test for driving and maneuverability.
- ☐ No. This patient **should not be permitted to** retain driving privileges.

7. In your professional opinion, should this patient be reevaluated in the future for continued driving privileges.

☐ Yes ☐ No

If yes, reevaluation is required:
- ☐ Once every six (6) months
- ☐ Once every year
- ☐ At time of driver license renewal (4 years or less depending on expiration date of current driver license or temporary permit)

(Print or type)

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<thead>
<tr>
<th>PHYSICIAN'S NAME</th>
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<tr>
<th>PHYSICIAN'S SIGNATURE</th>
<th>PHYSICIAN'S LICENSE NUMBER</th>
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NOTE TO PHYSICIAN: PLEASE MAKE A COPY FOR YOUR RECORDS.

OHIO BUREAU OF MOTOR VEHICLES, ATTN: SPECIAL CASE / MEDICAL UNIT, P.O. BOX 16784, COLUMBUS, OH 43216-6784
Training Process

State Exam - Restrictions are added

Vehicle Modifications
LIABILITY

- Physician

- Therapist

- Patient
VEHICLE MODIFICATION

- Bureau of Vocational Rehabilitation (BVR)
- US Dept of Veterans Affairs
- Worker’s Compensation
- Automotive Insurance (if d/t a MVA)
- Major vehicle manufacturers offer rebates usually up to $1,000
- NMEDA (National Mobility Equipment Dealers Association) familiar w/ rebates available
- GM Mobility, Toyota Mobility, Ford Mobility
Community Based Services

Community Based Education
- Driver Safety Programs
- Driving School

Medically Based Assessment, Education, and Referral
- Driver Screen (Physician, Psychologist, Social Worker)
- Clinical OT Evaluation

Specialized Evaluation and Training
- Driving Evaluation
- Driving Rehabilitation
Resources

National Highway Traffic Safety Administration

• Offices guides for older drivers and disabled drivers for patients and medical professionals

"Spectrum of Driver Services: Right Services for the Right People at the Right Time" - See Handout

American Geriatrics Society - Clinician’s Guide to Assessing and Counseling Older Drivers

The Hartford – Senior Guidebooks

• Can be ordered from: The Hartford Center for Mature Market Excellence
References


Ohio Rev. Code § 4507.14

Ohio Rev. Code § 4501-7-06

Ohio Rev. Code § 4507.08
References

Images:
http://www.rica.org.uk/content/simple-accessories-getting-and-out
http://craziestgadgets.com/2010/02/16/360-swivel-seat-is-a-lazy-susan-for-your-butt/
http://www.flaghouse.com/Handybar-Support-Bar-item-40119
http://www.rica.org.uk/sites/default/files/autoadapt_chairtopper.jpg
QUESTIONS