Comprehensive Driver Assessments

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Case Study

• Robert visits with PCP: impact of medications, PD symptoms, balance, cognitive issues on driving safety. Referral to neurologist.
• Neurologist visit: no Rx change, orders neuropsychological testing, physical therapy for balance deficits and driver assessment.
• Robert does PT, receives increased oversight with medications. Does not do driver assessment, continues to drive limiting freeway and night driving when he can.
Decision Tree for the Evaluation Process for Safe Driving

**Common Entry Points**

- Law Enforcement, EMS, ER Sees Unsafe driving, Accident, Confusion
- Family, Friends, Neighbors, Older Driver Observations, Self-Assessments, Warning Signs

**Decision Points**

- Tickets and/or screens Refers to DVS or MD
- Reports to DVS and/or MD. Takes safety classes

**Stages**

- Driver and Vehicle Services (DVS)
- Medical Doctor Ophthalmologist/OD Neurologist
  - Assesses and addresses vision, cognition, motor and/or medical issues
- Driving Safety Instructor/Licensed Driving Instructor Classroom and/or BTW driving

- DVS Requires Assessment
  - OD Vision Statement
  - MD statement
  - Revocation or restriction

- MD orders evaluation and/or intervention
- CDRS recommends revocation or restriction or rehabilitation

- Certified Driving Rehab Specialist (CDRS)
  - Comprehensive Driver Assessment
  - Pre-driving assessment, simulator and/or on-road testing.
  - Provides assistive devices and training to drivers.

**Additional Points**

- Occupational Therapist
  - Assessment of driving-related skills as part of IADL evaluation.
  - Restoration of function or adaptation/compensation

**Branding**

Allina Health
COURAGE KENNY REHABILITATION INSTITUTE
• Caveat:

Testing provided by DVS (vision, knowledge, road tests) overlap but are not the same as a comprehensive driver assessment.
What is a Driver Assessment?

• Assess skills of driving and impact of any deficits or disability on current driving status

• Components:
  – Clinical assessment
  – On-road assessment of driving abilities (using CKRI vehicle)
  – Review results and recommendations
  – 3 hour appointment, family/friend encouraged to be present at least for results
Comprehensive Driver Assessment: Clinical

- Medical history
- Driving history
- Medications
- Physical status
- Vision
- Reaction time

Cognitive:
- Divided attention
- Judgment
- Processing speed
- Executive skills
- Memory
Comprehensive Driver Assessment: On the Road

- Control of vehicle
- Turning
- Lane positioning
- Planning/processing
- Identify potential risk situations
- Multi-tasking

- Judgment
- Speed control
- Signage
- Visual scanning and attention
- Management of distractions
- Quick decision making
• Assess need for adaptive equipment if there are physiological changes due to:
  – peripheral neuropathy
  – Multiple Sclerosis, Parkinson’s Disease, ALS
  – Post-polio, history of GBS
  – Arthritis

• Significant learning curve and process for installing adaptive equipment in personal vehicle.
Examples of Adaptive Equipment
Potential Outcomes

• Continue/resume driving
  – Restrictions?

• Lessons as extended assessment

• Pursue driving with equipment
  – Lessons indicated
  – Must pass MN State road test with equipment

• Driving not recommended
  – Need for further therapy or re-assessment?
  – Alternative transportation, service resource options provided
Communication of Results

- Report given to client, sent to MD with signed authorization of client

  *Final decision on license status is made by physician based on report outcome, medications, medical history.*

- If outcome is restrictions added to license or cancellation of license the physician **must** report this to MN Dept of Public Safety, Division of Driver and Vehicle Services for change to be made to DL.
Case Study – 6 months later...

• Robert is involved in a MVC:
  – failure to yield right of way to oncoming traffic when making a left turn
  – Robert does not have any visible injuries, but is confused and disoriented at the scene. BAC is negative but he can not complete FST. Robert is transported to ED, discharged with no significant findings and driven home by family.

• *What happens next?*
Case Study – Final Outcome

• Letter from the Dept of Public Safety stating his driving privileges will be revoked in 3 weeks. Needs letter from MD.

• PCP refers to a certified driving rehabilitation specialist (CDRS) for a formal driver assessment.

• Driver assessment outcome:
  – Continue driving with legal restrictions to his driver’s license of: Daytime only, no freeway and a limit of driving within a 5 mile radius of his home. Recommended re-assess in 1 year.
Physician Reporting

- No mandatory reporting law in MN, WI, IA, ND or SD
- Physician reporting is *encouraged*, they are immune from liability
- MN DVS will also accept information from courts, other DMVs, police, family members and other resources. To report an at-risk driver: https://dps.mn.gov/divisions/dvs/Pages/dvs-content-detail.aspx?pageID=670
Courage Kenny’s Driver Assessment & Training Program started in 1978
All 5 staff are Occupational Therapists, licensed driving instructors and driver rehabilitation specialists
Provide services at 10 locations in MN
Drivers across the age spectrum, from 15 years of age and up
A doctor’s prescription is not necessary for a driver assessment
To schedule an appointment, call our Scheduling Department at 612-262-7855
Resources

• MN Driver and Vehicle Services
  – Main page: https://dps.mn.gov/divisions/dvs/Pages/default.aspx
  – Medical Concerns page: https://dps.mn.gov/divisions/dvs/forms-documents/Documents/MedicalConditions_and_YourLicense.pdf

• The Hartford Center for Mature Market Excellence

• AAA Senior Drivers http://seniordriving.aaa.com/
Thank You!

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