

CHAPTER 5

The Driver Rehabilitation Specialist

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After scoring Mr. Phillips' (introduced in previous chapters) performance on the ADReS battery, you discuss the results with him. You assure him that he scored well on the cognitive tests, but that his performance on the visual and motor tasks indicates a need for further evaluation and treatment.

You recommend that Mr. Phillips make an appointment with his ophthalmologist, whom he has not seen for over a year. You also recommend that he begin exercising regularly by walking for 10-minute intervals, three times a day, and stretching gently afterwards. His son, who is present at the clinic visit, offers to exercise with him several times a week. You schedule Mr. Phillips to return to your clinic in one month.

When Mr. Phillips arrives for his follow-up appointment, he is wearing new glasses. His vision with the new glasses is 20/40 OU. You retest his motor skills, and he is now able to complete the Rapid Pace Walk in 8.0 seconds. His lower extremity strength has improved to 4+/5, but his range of motion on finger curl and neck rotation remain restricted. With Mr. Phillips' agreement, you refer him to a driver rehabilitation specialist (DRS) for an evaluation and adaptive equipment, if necessary.

Despite your medical interventions, your patients will sometimes continue to demonstrate functional impairments that may impair their driving performance. In these cases, a DRS is an excellent resource. A DRS can perform a more in-depth functional assessment and evaluate performance with an actual driving task. Based on the patient's performance, the DRS can recommend that he/she continue driving with or without further restrictions or interventions, recommend adaptive techniques and devices to overcome functional deficits, or recommend that the patient cease driving and offer mobility counseling.

This chapter provides you with information you should have when you refer your patient to a DRS.

What is a driver rehabilitation specialist?

A DRS is one who “plans, develops, coordinates and implements driving services for individuals with disabilities.”¹¹⁴ DRSs are often occupational therapists who undergo additional training in driver rehabilitation. Aside from occupational therapy, DRSs also come from backgrounds such as physical therapy, kinesiotherapy, psychology, and driver education.

Many DRSs receive certification from the Association for Driver Rehabilitation

Specialists (ADED)¹¹⁵ by fulfilling education and experience qualifications¹¹⁶ and passing a certification examination.¹¹⁷ Certified driver rehabilitation specialists (CDRSs) renew their certification every three years by fulfilling a minimum amount of contact hours. While many DRSs either hold certification or are in the process of obtaining the necessary education and experience to sit for the examination, certification is not required to practice driver rehabilitation nor for ADED membership.

115. The acronym ADED was retained when the association changed its name from the Association of Driver Educators for the Disabled to its current name.

116. Candidates must fulfill one of the following requirements: A. An undergraduate degree or higher in a health-related area of study with one year full time experience in degree area of study and an additional one year full time experience in the field of Driver Rehabilitation; B. Four year undergraduate degree or higher with a major or minor in Traffic Safety and/or a Driver and Traffic Safety Endorsement with one year full time experience in Traffic Safety and an additional two years of full time experience in the field of Driver Rehabilitation; C. Two year degree in health-related area of study with one year experience in degree area of study and an additional three years full time experience in the field of Driver Rehabilitation; D. Five years of full time work experience in the field of Driver Rehabilitation. Association of Driver Rehabilitation Specialists: Driver Rehabilitation Specialist Certification Exam fact sheet (www.driver-ed.org/public/articles/index.cfm?Cat=10).

117. Examination content includes (1) program administration, (2) the pre-driving assessment, (3) the in-vehicle assessment, (4) the on-road evaluation, (5) interpretation of assessment results, and (6) planning and implementation of recommendations. Association of Driver Rehabilitation Specialists: Driver Rehabilitation Specialist Certification Exam fact sheet (www.driver-ed.org/public/articles/index.cfm?Cat=10).

114. Association of Driver Rehabilitation Specialists: Driver Rehabilitation Specialist Certification Exam fact sheet (www.driver-d.org/public/articles/index.cfm?Cat=10).

What do driver rehabilitation specialists do?

A DRS evaluates the client's driving skills, recommends rehabilitation as needed, and can suggest vehicle and/or route modifications (e.g., such as avoiding left hand turns) to enable the person to resume or continue driving safely. Although driver rehabilitation programs vary, most typically include the following elements in their evaluation:

Driver Evaluation

- Clinical assessment, including review of driving history, driving needs, and license status; review of medical history and medications; visual/perceptual assessment; assessment of range of motion, motor strength, coordination, sensation, and reaction time; and cognitive assessment.
- Functional (on-road) assessment, including assessment of vehicle ingress/egress, mobility aid management (e.g., ability to transport a wheelchair or scooter), vehicle preparation, vehicle control, adherence to traffic rules and regulations, environmental awareness and interpretation, and consistent use of compensatory strategies for visual, cognitive, physical, and behavioral impairments.
- Communication of assessment results and recommendations to the client:
 - Return to driving, with or without adaptive driving equipment.
 - Limit driving with restrictions placed on either the geographic areas or conditions in which the client drives.
 - Attend a remedial driving course to establish/maintain defensive driving skills.
 - Receive adaptive driving instruction or driver retraining using a vehicle matched to the client's individual needs.
 - Stop driving. This is advised when a client does not demonstrate the necessary skills to resume driving,

and the potential for improvement with retraining is poor. In these cases, alternative transportation options are reviewed with the client.

- Re-evaluation. This option is indicated if a client's function is expected to improve, or if a client demonstrates adequate skills to drive at present but has a progressive disorder that may cause future decline.

Passenger Vehicle Evaluation

- Assessment of vehicle, vehicle modifications, and equipment needed for the client's safe transport as a passenger.
- Consideration of the needs of the patient's family (for example, certain lifts or tie-down systems may be recommended due to an assisting family member's physical limitations).

Treatment and Intervention

- Adaptive driving instruction or driver retraining, with or without vehicle modifications.
- Coordination of vehicle modifications:
 - Vehicle consultation: The DRS serves as a consultant to clients who are purchasing a new vehicle to ensure that the vehicle will accommodate the necessary adaptive equipment.
 - Vehicle modification recommendations: The DRS provides written recommendations for all vehicle/equipment needs to the client, third party payer, and vehicle/equipment dealer.
 - Vehicle inspection: The DRS is involved with the client and adaptive equipment dealer in a final fitting to ensure optimal functioning of the recommended vehicle/equipment.

An initial driver evaluation can last one to four hours, depending on the client's presenting disabilities and driving needs. Following the clinical assessment, clients undergo an on-road

assessment if they meet the minimum state standards for health and vision, and the client holds a valid driver's license or permit. The on-road assessment is performed in a driver rehabilitation vehicle equipped with dual brakes, a rear-view mirror and eye-check mirror for the DRS, and any necessary adaptive equipment.

Please note that clients who perform poorly on the clinical assessment may still undergo on-road assessment. In these cases, the DRS may recommend on-road assessment for one of two reasons: (1) clients who perform poorly on individual components of the clinical assessment may still demonstrate safe driving due to over-learning the driving task; and (2) clients and family members may need concrete evidence of unsafe driving, which can only be documented through observation of behind-the-wheel performance.

Who can driver rehabilitation specialists help?

Driver assessment and rehabilitation are appropriate for a broad spectrum of visual, physical, and/or cognitive disabilities. DRSs work with clients who have dementia, stroke, arthritis, low vision, learning disabilities, limb amputations, neuromuscular disorders, spinal cord injuries, mental health problems, cardiovascular diseases, and other causes of functional deficits.

Vehicle modification can be as straightforward as providing extended gear shift levers, padded steering wheels, or extra/larger mirrors to patients with arthritis, and training the client in their use. It can also be as complex as working with a client with dementia and his/her caregivers to determine the individual's driving needs, plan driving routes for the client (e.g., avoiding left hand turns or busy intersections), supervise practice drives, and provide close and extended follow-up.

What is the cost of driver assessment and rehabilitation?

While the cost of driver assessment and rehabilitation varies between programs and according to the extent of services provided, the range is typically \$300 to \$400+ (as of this printing) for a full assessment and \$100 an hour for rehabilitation. If adaptive equipment is required, the cost is approximately \$70 to \$100 for a spinner knob, \$400 to \$500 for a left foot accelerator, \$700 to \$900 for hand controls, and thousands of dollars for reduced-effort steering systems, wheelchair lifts, and raised roofs and dropped floors on vans.

Two programs that may pay for driver assessments, driver rehabilitation, and vehicle modifications are each State's workers compensation and vocational rehabilitation programs. However, not all drivers—and often many older drivers—will not qualify for either program, and insurance coverage from Medicare, Medicaid, and private insurance companies is variable. To date, these expenses are usually out of pocket. In general, Medicare does not reimburse for driving services, and private insurance companies—basing their coverage on Medicare's covered services—tend to follow suit. However, some driver rehabilitation programs have successfully pursued insurance reimbursement from Medicare and other providers. (Note that while Medicare may provide partial or full reimbursement for driver assessment and rehabilitation, it does not cover the cost of adaptive equipment.) At present, the American Occupational Therapy Association (AOTA) is actively lobbying for consistent Medicare coverage of occupational therapy-performed driver assessment and rehabilitation, with the assertions that these services fall under the scope of occupational therapy practice and that driving is considered an instrumental activity of daily living.

Because rates and extent of insurance reimbursement vary among driver rehabilitation programs, patients should be encouraged to inquire about program rates, insurance coverage, and payment

procedures (e.g., patient pays up-front and is reimbursed when insurance payments are received, or payment is collected directly from insurance provider).

Where can I find a driver rehabilitation specialist?

Driver rehabilitation programs and DRSs are still fairly rare, but in private practice they are often affiliated with hospitals, rehabilitation centers, driving schools, and State departments of motor vehicles. DRS services may also be found through area agencies on aging, universities, and area departments of education. Before referring patients to driving schools for driver assessment and rehabilitation, physicians are urged to determine that the staff has training and experience in driver rehabilitation. A background in driver education alone may be insufficient for appropriate assessment of medically impaired drivers and correct interpretation of the assessment.

To locate a DRS in your area, you may wish to start by calling the occupational therapy departments in your local hospitals or rehabilitation centers. The ADED's online directory is another good source of information. The directory, which can be found by clicking the Directory button at www.driver-ed.org or www.ADED.net, lists all 553 ADED members (as of December 2006), including 251 certified DRSs. You can search the directory by State, county, type of facility, program services offered, and professional background of the DRS, as well as by name of the DRS or name of the driver rehabilitation program. Please note that not all ADED members provide direct assessment and rehabilitation services; some are involved solely in vehicle modification, as indicated in their "program services" field. Many local chapters of the Alzheimer's Association (www.alz.org) also provide lists of area driving evaluation programs.

When selecting a DRS or driver rehabilitation program, the patient and family may want to ask:

- How many years of experience does the DRS (or program) have? In many cases, experience may be a more important indicator of quality than certification alone—there are many well-qualified DRSs who are not certified.
- Does the DRS provide both the clinical assessment and on-road assessment? A DRS who provides both components of the evaluation (or a program whose specialists perform both components as a team) is ideal. Referral to two separate specialists or centers is inconvenient for the physician and the patient, and often presents a greater insurance reimbursement challenge. In addition, some programs utilize a driving simulator program, which has strengths of reliability, but weaknesses of validity, lack of standardization, paucity of evidence that correlates it with other important outcomes, and possibly sickness induced by the simulator.
- Does the DRS provide rehabilitation and training? A good DRS (or program) should be experienced in both assessment and rehabilitation, and should be able to prescribe adaptive devices or vehicle modifications and train the patient in their use.
- How much can the patient expect to pay out-of-pocket for assessment, rehabilitation and adaptive equipment?
- Who will receive a report of the assessment outcome? In most cases, reports are sent to the patient and to the physician and/or referring agency (e.g., workers compensation or office of retirement services) Some DRSs also send reports to family members, at the request of the family and with the client's consent. Whether or not the DRS reports to the State DMV is highly variable: In States with mandatory reporting laws, the DRS and/or physician may send a report; if reporting is not legally required, some DRSs will still send a report in the interest of public safety. The policy of the DRS should be discussed with all parties prior to the evaluation.
- If the patient receives recommendations to cease driving, does the DRS

provide any counseling or aid in identifying alternative forms of transportation? Please note that DRS counseling does not preclude the need for physician follow-up. Many times, the patient may be too distressed at the time of DRS counseling to absorb information. Mobility counseling is crucial for reinforcement of this information, and it demonstrates to the patient the physician's involvement and support.

CarFit is an educational program created by the American Society on Aging and developed in collaboration with AAA (American Automobile Association), AARP, and the American Occupational Therapy Association. CarFit offers older adults the opportunity to check out how well their personal vehicles "fit" them. An evaluation, typically performed by an occupational therapist or a trained volunteer, employs a checklist for correct positioning of the seat, use of mirrors, and so forth. Information and materials for community-specific resources and activities that could make drivers personal vehicles fit better, enhance their safety as drivers, or increase their mobility in the community are available. More information on referring your patients to this service can be found at www.car-fit.org.

Making the referral

Prior to making the referral, let your patient know why he/she is being referred, what the assessment and rehabilitation will accomplish, what these will consist of, and how much he/she can expect to pay out-of-pocket for these services.

For example, you could tell Mr. Phillips:

"Mr. Phillips, I'm pleased that you can see better with your new glasses, and that your physical fitness has improved with your walking. I'd like you to keep up the good work. However, I'm still concerned about your hands and your neck. I'm concerned about your poor grip on the steering wheel, and I'm worried that you can't see around you well enough to drive safely. I'd like to

send you to someone who can assist us with your driving abilities. Consider this a kind of 'driving check-up,' to be sure you are fit to drive.

"This person, who's called a driver rehabilitation specialist, will ask you some questions about your medical history and test your vision, strength, range of motion, and thinking skills—similar to what we did the last time you were here. He/she will also take you out on the road and watch your driving, and might recommend some accessories or modifications for your car, such as extra mirrors, and show you how to use them.

"The cost of these assessments ranges anywhere from \$300 to \$400, and there may be additional costs for accessories or rehabilitation training. However, it is possible insurance may pay for part of the assessment and training. I know this sounds like a lot of money, but I think this is important for your safety. If you were to ever get into a serious car crash, your medical bills or the costs for someone you injured could end up costing you more money. We should try to prevent that from happening."

Most programs will require a written physician prescription. When writing the driving evaluation prescription, try to list a specific cause for assessment and rehabilitation. Assessment that is ordered the patient is "an older adult," "debilitated," or "frail" does not provide adequate guidance to the DRS and can complicate insurance reimbursement. On the other hand, "OT driver evaluation for hand weakness such as poor finger flexion or limited neck rotation secondary to arthritis," "DRS evaluation for hemianopia secondary to stroke," and "DRS evaluation for cognitive impairments secondary to Alzheimer's disease" provide more guidance for the DRS and are more likely to be reimbursed by insurance. In addition, most DRS programs will send the physician a referral form that includes space for a list of current diagnoses and medications.

Remind your patient to schedule a follow-up appointment with you after he/she undergoes evaluation. If your patient is safe to drive (with or without restrictions, adaptive devices, and/or rehabilitation), reinforce any recommendations made by the DRS. When applicable, family and caregivers should be informed of these recommendations. Also remember to counsel your patient on the *Successful Aging Tips* and *Safe Driving Tips* handouts, and encourage him/her to start planning alternative forms of transportation in case they ever become necessary. If your patient is not safe to drive, then you will need to counsel him/her on driving cessation. This is discussed in the following chapter.

Special mention is made of other rehabilitation specialists who may be helpful for impairments that are not uncommon in older adults. For instance, physical therapists may be able to improve muscle weakness, range of motion or physical frailty. Visual rehabilitation may be available in some specialized centers. Neuroophthalmologists or optometrists may provide vision training, especially for patients with neurological insults that affect convergence, alignment, nystagmus, eye apraxia, and/or visual neglect from stroke, head injury, brain tumors, and trauma.

What if driver assessment is not an option?

Unfortunately, driver assessment and rehabilitation may not always be feasible options for your patients. In some areas, DRSs simply are not available. Even if a DRS is available, your patient may refuse further assessment, or may be unable to afford it.

- If driver assessment through a driver rehabilitation specialist is not an option, you have several choices:
- Some occupational therapists are "generalists" and still may be able to perform off-road tests and/or mobility counseling. Referral to these types of health professionals may actually be a more common option in your community.

- Driving educational specialists are often based at high schools or affiliated with programs for novice drivers. Yet, some of these specialists have developed experience in assessing and counseling medically impaired drivers and may be a resource in your community.
- Advise your patient to continue, restrict, or cease driving based on the medical history, the results of ADReS, and your clinical judgment. As always, document your recommendation in the patient's chart. Some physicians have the patient sign a document for the file acknowledging the doctor's recommendation to cease driving.
- You might consider the evaluation of another health professional such as a geriatrician, neurologist, psychiatrist, or neuropsychologist for a patient who has a chronic disease such as Alzheimer's.
- If there are changes in driving behavior that you feel are likely to improve your patient's driving safety (e.g., avoiding driving at night, rush hour, adverse weather conditions, etc.), make these recommendations to your patient and follow up for compliance.
- Private driving schools and driving education programs may be available in your area; however, they may not have expertise in assessing older adults with medical impairments.
- If you are urgently concerned about your patient's driving safety, you may wish to refer your patient to your state DMV for a driving assessment. Depending on your state's reporting laws, you may be legally responsible for reporting "unsafe" drivers to the DMV. (A detailed discussion of the physician's legal and ethical responsibilities can be found in Chapter 7; a reference list of reporting laws is in Chapter 8.) The patient should be referred with his/her knowledge, and this should be documented in the chart. Many States will require the physician to fill out forms that require medical information and vision testing results, and provide an opinion on whether the driver should undergo visual and/or on-the-road testing.
- If there are no medical contraindications to continued driving, remember to counsel your patient on *Successful Aging Tips* and *Safe Driving Tips* and encourage him/her to start planning alternative forms of transportation.