Introduction to Driver Rehabilitation

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- [Nika] I am very honored to introduce today's speaker, Elizabeth Green, joining us to speak on Introduction to Driver Rehabilitation. An occupational therapist for over 25 years, Elizabeth Green is currently the Executive Director of ADED, the Association for Driver Rehabilitation Specialists. Ms. Green has an occupational therapy degree from Loma Linda University in California, earning a research award in 1993. In 1999, she earned a specialty certification as a Certified Driver Rehabilitation Specialist, through ADED, and worked for 12 years as the Occupational Therapy Department Director, and managed the Driver program for a regional hospital in Hickory, North Carolina. In June 2015, she earned credentials as a certified association executive, through the American Society of Association Executives. As ADED's Executive Director since 2008, Elizabeth's work is focused on promoting the field of driver rehabilitation, membership recruitment, and building strategic partnerships while managing the association. Welcome, Elizabeth, and thank you so much for joining us today.

- [Elizabeth] Thank you. I'm so excited to be here today, and to share my love of this profession, and this specialty area within occupational therapy. Some of the things we're going to cover today are, we want you to walk away the ability to describe how occupational therapists are uniquely positioned to address the driving and community mobility needs of individuals with disabilities and older adults. We'll also hope you can describe the expertise required to be a driver rehabilitation specialist and a CDRS, a certified driver rehab specialist. And then, finally, we also hope that you'll be able to describe the collaborative relationship of occupational therapy practitioners and driver rehab specialists.

Driver rehabilitation is a multidisciplinary profession, that includes a range of professionals, including occupational therapy practitioners, driving instructors, and educators. Presently, most driver rehab specialists are occupational therapy practitioners. All occupation therapy practitioners need to address the IADLs of community and mobility. OT practitioners are skilled at addressing driving and

community mobility as an IADL, and this is an area all OT practitioners should be addressing regardless of your practice area. Examples of occupational therapy interventions for driving include specialized seating for children or adult passenger safety. The occupational therapy practitioner also plays an important and valuable role in knowing when and how to refer to a driver rehabilitation specialist. These specialists are skilled in the evaluation of the physical, cognitive, and visual components required to drive a motor vehicle, to make recommendations in regards to fitness to drive, recommend modifications for driving motor vehicles, and provide intervention to facilitate driving.

The Association for Driver Rehabilitation Specialists, or better know by our acronym, ADED, is a professional association dedicated simply to driver rehabilitation. ADED's mission statement, a professional network promoting excellence in the field of driver rehabilitation, thought leadership, and advocacy in support of safe, independent community mobility underlies our mission and our purpose. ADED offers a director of driver rehabilitation specialists and certified driver rehab specialists, who are ADED members. This listing is updated in real time, so as members retire, move to a new facility, or join the profession, clients, referral sources, and allied health providers are able to search a current directory for services in their area. ADED has established some guiding documents, and these are also provided to you, as participants in this course's handouts. ADED has both the best practice guidelines for the delivery of driver rehabilitation services, and has set up a code of standards for standards of practice, to guide the driver rehab specialist in his or her practice. ADED's driver rehab specialist practice is guided by the ability to promote the best outcome for clients, prudent clinical judgment should be used at all times, including consideration of applicable laws, and other guidelines or resources that may exist, regarding the delivery of driver rehab services. These best practice guidelines were established to help keep driver evaluations standardized, formalized and objective. It is ADED's position that any person involved in the delivery of driver rehabilitation services, including but not limited

to driver rehab specialists, driver educators, allied health professionals, mobility equipment vendors, manufacturers and clients, will conduct themselves in an ethical and professional manner. Driver rehabilitation specialists, possessing the credentials, certified driver rehab specialists are committed to such compliance.

Let's talk a minute about why this matters, why should we be talking about driving? Many of you already see the need to understand these services, however, let me reinforce you commitment to understanding, or for those who that are not fully sure they need to know about driving and community mobility, I'd like to take a minute to share my story, and how I became involved in driver rehabilitation. So I worked, in the introduction, they explained I worked for a smaller, regional hospital in Western North Carolina, and as for most startup programs, the decision came from administration and physicians to find some way to address driving for all of their folks graduating from inpatient or outpatient rehabilitation services. Physicians simply do not have the time or the resources to address driving, and the other professionals involved in the rehabilitative services did, also did not have the resources, time or expertise to address driving. It seemed like OT was the best fit to address driving. So this opportunity came up, and somebody offered, we were offered the chance to go to some training in Orlando, Florida, and who's not gonna take a free trip to Orlando? Liz Green, here, had absolutely no idea what I was getting into it. I thought, great, I'll go for a quick trip down to Florida, on the company dime, I'll learn how to throw some tests together and I'll make a judgment. I came home literally exhausted. This is such a bigger process than I had ever imagined, but it is so important. I came home exhausted, but I also came home exhilarated. Driver rehabilitation encompasses all aspects that you know as an occupational therapist, via clinical assessment, the behind the wheel assessment, the ability to help your clients problem solve complex situations, and to work with their caregivers and other resources to help them achieve their ultimate goal of being independent in the community. What a great aspect of our profession, that we could get into.

Driving and community mobility is an IADL, and defined as follows. Planning and moving around in the community and using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs or other transportation systems. It is important to note that this IADL change, in edition 3 of AOTA's practice framework. Previously, the IADL was community mobility, and driving was a subcategory. This change recognizes that driving is the most frequent method of community mobility. Driving and community mobility are at the center of all human occupation. In order to participate in any of these areas, and maintain our roles as parents, children, employees, students, friends, et cetera, we need to be able to travel from point to point, and to do it safely and independently. Transportation is embedded in nearly every human occupation.

Again, we ask, why should occupational therapists address driving? Driving holds value for individuals across the lifespan, whether it is a new driver that we are talking about, or someone who has driven for 60 years. For older adults, driving is about independence. It's about their identity of using the car to engage and connect with others. Evidence shows us that it is important to acknowledge the significance that driving plays on independence, and that depression increases for many older adults after driving cessation. Additionally, another study by occupational therapists demonstrated that driving was the most meaningful IADL for those with stroke and their caregivers. References for these studies will be provided at the end of today's session. Finally, because driving and community mobility is an IADL, it is an OT scope of practice, and occupational therapists have this skill set. We must address driving, this IADL with all clients. It may be by helping a caregiver assist his or her spouse in and out of a vehicle, or transporting a child with developmental disorders. The practitioner needs to learn when to refer to the specialist for the skills of the DRS. Some of these situations may be clients recovering from medical conditions such as a right below knee amputation, stroke, rotator cuff injury, or chronic obstructive

pulmonary disease. Drivers with progressive diseases, such as multiple sclerosis, Parkinson's or dementia could benefit from the referral to a specialist. Additional, novice drivers who need specialized equipment or customized learning or training, such as a child with attention deficit hyperactivity disorder. And finally, a specialist can also assist with community mobility for the client as a passenger, who might need special equipment to enter/exit the vehicle or stow their mobility device.

So let's talk about the modes of delivery. Just as occupational therapy's appropriate for clients of all ages, driver rehabilitation services must also be considered across the lifespan, from making sure a child with disabilities sits appropriately in their carseat, to the older driver, adult needing assistance and alternative transportation after retiring from driving. As you will also recognize, driver rehabilitation may be necessary for many persons with multiple medical conditions and disabilities. One of the objectives of this course is to empower you with the understanding that referral to specialized driver rehab service is the best choice in some cases, but there are also cases where the skills and knowledge at the generalist level is sufficient. This requires that you build your understanding of driving and community mobility, and the services offered by the specialists in driver rehabilitation. What I want to describe is how the general practice and the driver rehab specialist can work collaboratively together to best meet the needs of the client. The unique and distinctive value of occupational therapy is using the occupational therapy skills specifically activity analysis, observational skills, clinical reasoning. When occupational therapy practitioners observe complex, demanding and high level IADL tasks, they can apply that knowledge to the complex activity of driving.

Next, I'm going to introduce an important document that explains the spectrum of driver services, including general practice OTs and driver rehab specialists. This document will also assist you in determining the right service for the right person at the right time. The spectrum of driver services, also provided to you as a handout for this course, was a federally funded project, sponsored by the National Highway Traffic

Safety Administration. ADED and AOTA collaborated on the project, with the goal of describing and defining the whole range of driving services. The first page lists the different types. The document is shaded to show the different categories of services, with the darker ones being the most complex. We will review this document so that we can show the pathways between general practice occupational therapy services, to the specialized services of the specialist. It also illustrates the diverse types of driving programs. I know it's difficult to read in detail here, but let's just go through how this document is organized. The top arrow shows the program types. The names of the programs are across the top, in the first top two rows. These include the community based in white, the medically based, shaded in lighter yellow, and the specialized evaluation and training, which is the darker yellow on the far right side. The lower arrow shows the first column. This column lists the titles for the descriptions of each of the programs. These include the program type, such as driver safety, driving school, or driver screening programs, who the providers are and their credentials. Additionally, the document defines the provider level of knowledge, their knowledge base, the services the provider offers, and finally, the outcomes to be expected from those specific programs.

Let's look at those a little bit more closely. And this slide, you can see, the first rows of the dark lines show the types of program with the typical providers and credentials described underneath. Trying to use our pointer. The box with the green arrow is the community based programs. There we go, a little delay there, the driver safety programs and the driving schools. The red box and arrows are those services and providers who have medical backgrounds or professions. Let's look at the medical programs a little more specifically. The orange box highlights these medical professionals that can do driver screens. These might be in a physician's office or by a social worker. These are short assessments or tests that indicate that future evaluation is needed, or is not needed. The blue box is our familiar clinical IADL evaluation, or assessment of components underlining driving abilities and skills. This may be a full

IADL evaluation done by a general practice occupational therapist, or it may be a driver rehab specialist, who is doing the clinical portion of the comprehensive driver evaluation. And finally, the green box outlines the specialized services of the driver rehab specialist. As you can see, their skill level has the more complex tasks for driver assessment, training and/or comprehensive driver evaluation. The important perspective about the spectrum is that not all services are necessary and important.

Let's review some examples to help this a little bit more understandable. Let's say you, a general practice occupational therapist are treating a 75 year old male, that had a significant stroke and wants to drive again. If he calls a driving school, or gets screened by his physician, he should be referred for either an IADL evaluation or for a comprehensive driving evaluation. You see, the effects of a stroke can be wide ranging, and impact a number of skills required to safely operate a motor vehicle. The services of driver rehab specialists would be indicated here. Another example is the wife of the stroke survivor does not have a medical condition. Her husband is no longer able to drive, due to his deficits, and she is now responsible for the couple's community mobility. However, this wife has not driven much in the past few years and is not confident to go back to driving. She does not need a driver evaluation by a specialist, therefore, might best be referred to a local driving school to build her confidence. And finally, let's talk about a teen on the spectrum. They may be screened by a physician or have an OT evaluation and be referred to a driving school that is trained for students on the spectrum. Depending on their functional level, they may need the services of a specialist. The occupational therapist can help determine the best solution for their clients at the right time.

Within the specialist programs, there are three basic types. Basic, low tech and high tech. This indicates kind of a hierarchy of skills and complexity within the driver rehabilitation programs. The basic programs are those typically for those with cognitive impairment that do not need adaptive driving equipment. A low tech program is

typically those programs that can offer simple adaptations, like mechanical hand controls or spinner knobs, and finally, the high tech is for the more complex medical client that needs high tech driving systems. These designations do not speak to the quality of the programs but to the level of complexity of the driving equipment available. A driver who needs basic hand controls does not need to find a high tech program, but a client with a minimal strength who would potentially need electronic driving equipment could not be served by the basic or low tech program. If high tech is not available in their community, they can talk to a low tech program, and see if they can at least provide an opinion, but it is important for both the consumer and the professional to be clear on the qualifications and the limitations of that program. Now let's consider the collaborative relationship of the occupational therapy generalist and the driver rehabilitation specialist. The driver rehabilitation specialist, or DRS, is an individual with an advanced training in driver rehabilitation. The DRS has knowledge of current research, provides comprehensive driver evaluations, is skilled at adaptive driving training and prescriptions, provides vehicle fitting, and is available to the occupational therapist for mentorship and consultation.

As just an aside, an example from my practice with the outpatient therapy program, as the only driver evaluator in the hospital, quite often, the generalist occupational therapist would consult with me as they're currently treating either their inpatient or outpatient clients. They wanted to make sure that by the time they got referred for a driver evaluation, it was the right time. Quite often, with that consultation, I was able to provide the generalist occupational therapist with additional goals or focused areas that they could be working on in their occupational therapy treatment program that would help strengthen that person's ability to return to driving, and prepare them for that comprehensive driver assessment. By working together, we were able to ensure that the client got to the program, at the time that was most appropriate for them, and were able to avoid clients coming too early, thus being declined to return to driving, or waiting too long, and causing a problem out on the roadway. Driver rehabilitation

specialist signifies one who plans, develops, coordinates, and implements driver rehabilitation services for individuals with disabilities, and I would also add here, and older adults. A driver rehab specialist requires additional training and continuing education. They typically perform the driver evaluations, which is a clinical and an on the road assessment, they assess for equipment or vehicle modification needs, provide documentation and reporting back to the referral agency, the license agency, and the physician, they provide training, which includes behind the wheel driver's training, and they are able to inspect vehicles and modifications after installation. Driver rehab specialists also play an important role and we'll discuss these differences in a few minutes.

The Association for Driver Rehab Specialists examines and certifies qualified applicants, and for those interested in becoming a specialist, there's information on the ADED's website. A certified driver rehab specialist is an experienced practitioner in the field of driver rehab, who, through successful completion of a formal certification exam, has proven their capacity to provide services within the full spectrum of driver rehab services. Remember, that spectrum is that basic, low tech and high tech program. The CDRS is the benchmark for quality and driver rehabilitation services. The CDRS must pass a written exam. They're obligated to follow the ADED's best practice guidelines, and they attest that they will adhere to the ADED code of ethics. They must maintain focused education to retain their certification and only ADED can grant the CDRS certification. When we think about our clients' long term goals, most want to drive again. As occupational therapists, we should acknowledge the goal to drive and use it to motivate the client as they face recovery and rehabilitation, using driving as a motivator to address underlying performance skills within your occupational therapy scope of practice. At this point in the client's recovery, the role of the generalist is to support the client in reaching their goals, not to discourage the client. It is important to realize that as an OT, you already have a lot of the tools to address skills related to driving. You can use the analogy of someone with paraplegia, wanting to walk again.

You would not discourage them. You would offer to work together, to work towards that goal. As occupational therapy practitioners, you are equipped to do any and all of the following. You may collaborate with the team, to determine what needs to be done, start the conversation about driving and community mobility, complete a comprehensive ADL or IADL occupational therapy evaluation, identify driving and community mobility goals. We're going to take a deeper look at these items that you, as a generalist occupational therapist, will be involved in, when you're discussing driving. The OT generalist plays a pivotal role in the client's safe return to driving by either starting or ignoring the conversation. You're making a choice there. Therefore, make sure you include driving and community mobility as part of your IADL discussion with the client. We're going to review some steps for addressing driving and community mobility in your practice.

So the step one is start the driving conversation. During the occupational therapy evaluation and initial treatment, start the conversation to learn more about the driving mobility habits of your client. You might consider using one of the Hartford Insurance worksheets or another older driver resource to spark the conversation. Take the time to understand if your client is a driver or uses another form of transportation. Learn about how often, when, and where the client typically travels, what life roles does driving and community mobility support? Remember, it's never too early to start the conversation. This is especially true for the older adult. Take advantage of every OT encounter to talk to your clients about driving and community mobility goals. If we are lucky, we will outlive our driving ability by six to 10 years. It is estimated that the average man will have six years without the functional ability to drive a car, and the average woman will have about 10. What this also means is that we will have to make a decision when to stop driving. We want to integrate driving discussions for all clients, even without concern in preparation for driving transitions. This is especially true for the older adult. You want to integrate driving and community mobility discussions throughout the plan of care. Driving is not a one time conversation, but rather, part of the discharge

planning process that should be integrated throughout the plan of care. Once you understand your client's habits, help them to identify driving and community mobility goals. Does the client plan to return to driving, or plan on using community transportation? Connect your short term goals to big goals like driving and returning home to help motivate your clients and reinforce that you are focused on the big picture. This can help drive your client's level of engagement, and keep them focused on the rehabilitative goals. Many times, occupational therapists aren't sure where to start. They know they can help with driving and community mobility, but aren't sure how to go about this, without being able to get in a vehicle.

Step three includes complete a driver, a comprehensive evaluation. Start with your occupational therapy evaluation, and take a careful look at individual performance skills needed for IADLs. Driving requires vision, sensation, coordination, strength, balance, praxis and cognition. Use your occupational therapy evaluation, along with standardized assessments to determine specific deficits and hone in on your treatment plan. You, as the primary occupational therapist, provide tests and measures to identify strengths and deficits, craft therapy interventions, and determine readiness for engagement in ADLs or IADLs. You may also use these results to consult with a driver rehab specialist, who may then guide you on the client's readiness to progress to the driver evaluation. And think about it. You are a driver. Using your skills in activity analysis, you already have a pretty good idea of what it takes to safely and appropriate operate a motor vehicle. So on your drive home today, or later in the evening, think about all of the things that are required to operate that motor vehicle, both physically, visually, cognitively.

Step four is intervention. Provide focused therapy interventions to recover deficits and for engagement in driving and community mobility. Think about all the activities and tasks that are involved with preparing to engage in community mobility, to support the community mobility tasks. If you're working with a client recovering from a stroke,

there are many, many, many predriving activities that you can integrate into your treatment plan, to prepare your client for the IADL of driving. Some of these examples include thinking about managing uneven terrains, the ability to load and unload items from the car, such as a mobility device, groceries, a purse, et cetera, the strength and endurance to get from the house to the car, the tolerance to sit comfortably and safely for a prolonged period while riding in the car, the ability to get out of the car to walk from the parking lot to the grocery store, participation in the grocery shopping tasks, et cetera. Do you see where I'm going here? There's a lot of activities that you can already integrate with the end goal of driving. There are many opportunities for the OT to prepare the client for the difficult task of driving, as a driver or as a passenger. You want work towards recovery of performance skills affecting driving, share knowledge with the client on state driving laws, and screen, provide a screening. Are the minimum state vision requirements met? And identify location transportation resources that would work temporarily for your client during recovery.

Step five is recommendation options. As the primary occupational therapy practitioner, it is not on your shoulders to clear someone for driving. I'll say that again. It is not your responsibility to clear someone for driving. Leave that recommendation to the specialists. However, it is absolutely the responsibility of the occupational therapy practitioner to help connect the client with driving potential to the driver rehab specialists. Some of the things that an occupational therapist generalist might find themselves recommending is a referral to a driver rehab specialist. You may recommend a hold or a wait on driving, based on the knowledge you have about that person's limitations and abilities, you may recommend driving cessation, or driving retirement, again, based on the information that you have from your clinical IADL assessment. You may also recommend discussion with a physician or a referral for other services. It's important to note that the state issues the driver's license. Occupational therapy practitioners can make recommendations, however, it's the state and facilities that have specific processes, rules and regulations to grant or deny a

driver's license. If you take nothing else from this presentation, take this: occupational therapy plays a pivotal role in starting the conversation about driving, and initiates the process of referral to the driver rehab specialist. Leading the discussion on driving and community mobility with the medical team. As previously mentioned, occupational therapy is the perfect fit for addressing driving and community mobility. We're the only profession based in function and activity that is also skilled to address vision, cognition, sensation, motor skills, and coordination. This makes OT the perfect fit to address driving. We need to take ownership of this responsibility, and help start the conversation and refer to the specialist and physician when appropriate. We might even need to support our peers with providing education on the role of the driver rehab specialist.

So just to recap this important piece here. OT is the perfect fit for addressing driving, because of your skill and knowledge base. Take ownership of this responsibility. Start the conversation with the client and the medical team, refer to the specialist and the physician when appropriate, and support your peers when providing education on the role of the specialist. Another thing that we highly recommend is that you build a relationship with your local driver rehabilitation specialist. Make those connections. Think about it like building a relationship with a vendor. Most of us know where to go, in order to buy a wheelchair, or adaptive dressing equipment. We know what to do if the client needs a vision evaluation or presents with an unstable cardiac condition. The same should hold true with where to go for driver rehabilitation needs. This process will be described in more detail in the following section. My client wants to drive. What do I do now? That is a sentence I have heard more often than not, as the specialist in the hospital setting. As previously mentioned, you'll want to start with your OT evaluation and start the conversation with the client. You have done this, but what is the next step? Let's review a few tips and resources to help support you as you addressing driving and community mobility. Your relationship with the driver rehabilitation specialist is going to be essential. We recommend that you use the ADED membership

directory to find a local driver rehab specialist, connect and build a working relationship so that time and effort can be reduced. A driver rehab specialist may use the results from occupational therapy, objective measures and assessments to understand a case, and contribute to a clinical testing needed for driver evaluation. By collaborating and sharing objective information, you, as the occupational therapist, may be able to prevent retesting. This also helps to ensure the client is getting to the driver rehab specialist when they are most ready to return to driving. Put the work into learning about the specialist in your area, build that collaborative, reciprocal relationship. Everyone, including your client, especially your client, benefits. Driving might be the most complex IADL task your patient has needed to accomplish. Remember that you want to set them up for success.

When thinking about your client's readiness to return to driving, consider the activity demands of driving in comparison to other activities. How is your client doing with money management, medication management, healthcare? Looking at performance skills during simpler IADLs, or IADLs will provide you valuable insight. For example, someone recovering from a stroke, if they still need assistance for meal preparation and home management tasks, because of endurance and physical performance skills, they may not yet be ready for a driver evaluation, compared to someone who is recovered, returned home, independently, and started using alternative modes of transportation to return to work. This client is more ready to see a CDRS. Knowing what is involved in the specialist evaluation, and sharing that information with your client makes it more likely that they will follow up with the referral. Describe, one of the important things that we recommend that you have a discussion with your client is describing the components of the evaluation, helping them have a better sense and understanding of what that comprehensive driver evaluation will entail, and I'll go into that here shortly. You also want to introduce the specialist by name, and program, describing their experience and expertise, giving that client a little sense of familiarity with the specialist you're referring them to. Inform the client about the cost, with a clear

explanation of the important skill level of a medical professional with specialized training. Specify the information that the driver rehab specialist will require for the appointment. For example, a physician's referral, or a current driver's license, or make sure you bring your glasses, all kinds of important information to share with them, and get them prepared for that assessment. The approach of you, as a generalist, makes the difference to the client's ability to follow through and can be improved by noting the consequences of driving unsafely and ignoring risk factors or warning signs, and by acknowledging the cost.

The comprehensive driver evaluation is comprised of two major components. The first one is the clinical assessment. I like to think of this as the OT eval on steroids. It is the true nose to toes, full assessment. You're looking at visual screening, cognition, perception, physical abilities, balance, range of motion, flexibility, muscle strength, and we're talking about driving, so we'll also incorporate knowledge of rules of the road. This portion of the assessment can take up to two hours, depending on the client's needs and abilities. The comprehensive evaluation also includes the behind the wheel evaluation, and this is still deemed the benchmark for determining fitness to drive for those with a medical condition. The behind the wheel evaluation is typically conducted in a vehicle that is provided by the program. It typically has any adaptive equipment that might be required, depending on the level of driver rehab program. Remember, there was the three levels, basic, low tech, high tech, and it also consists of a passenger side safety break, should the evaluator need to take control of the vehicle. The evaluator's looking for several things with the client, their ability to enter and exit the vehicle, their positioning behind the wheel, and their ability to independently load and stow their mobility device. They'll also look at traffic, vehicle handling, traffic management, planning and safety awareness. This portion of the evaluation could last one to two hours, again, depending upon the complexity of the assessment. Both of these items together help the evaluator, the driver rehab specialist, create a final decision on the client's ability to drive. The behind the wheel evaluation, again, the

benchmark for determining fitness to drive is different than the road test that the license agencies will perform when you go to get your driver's license. License agencies place a major focus on testing the operational and tactical skills of driving. This comprehensive evaluation behind the wheel, with the specialist, are more comprehensive, and focus more operational, tactical and strategic behaviors. Considerations or recommendations are based on performance, as well as disease process, are included with this behind the wheel assessment. The outcome of the behind the wheel assessment, pass, fail, or needs some work, is determined by the subjective judgment of the evaluator, not by quantifiable driving score.

There are some times where the evaluator will determine to not perform the behind the wheel evaluation. Some of those are fairly cut and dry. A, the person does not have a valid license or permit, B, the driver does not meet the DMV vision standards, C, the drive does not meet cognitive memory standards to follow instructions or safely operate the vehicle, thus putting both the client and the evaluator at risk. So we're encouraging you to reach and get to know your local driver rehab specialist. This is how, one way you can do that, off of the ADED website, under Directory and Services, you can click on Options to find DRS, there's a DRS Provider Search that will pull all driver rehab specialists, including those with certification, or if you want to locate only certified driver rehab specialists, there's a search function for that, as well. And it's performed by state or province. Timing is everything. The generalist can never start the conversation with the specialist too early. Starting the conversation about driving early in your client's rehabilitative process helps to get your clients to the driver rehab specialist at the right time, when they're truly ready to face this complex task. As the occupational therapist, use the evidence from your evaluation, and objective measures, along with the resources that we've shared here to help develop interventions to progress your client. For clients with potential, engage the driver rehab specialist for guidance and support. The driver rehab specialist may also support the client with recommendations on additional assessments or interventions. It is important to

understand statutes regarding eligibility to drive, and that medical clearance to drive varies by state. It is also important for the occupational therapy practitioner to be aware of state laws and guidelines to be a source of information to clients and their families.

The role of the occupational therapy practitioner is one of consultant, so he or she can best help the client by guiding them on the state and medical process. The specialist can be an invaluable resource to the OT to help them guide their clients and caregivers. States may vary in their minimal requirements for licensing. It is essential for occupational therapy practitioners to know the law in their state, in order to assist the client to make appropriate decisions. Some of the license requirements for driving are based on a minimum visual acuity, horizontal field limitations, some states determine seizure and reportable medical conditions, and also, some states have regulations with respect to device and equipment use. Most states have a mechanism for licensing related to medical conditions, typically under the driver licensing authority, like the DMV. Many driver license authorities have a group called the medical advisory board. The medical advisory board is usually compromised of medical professionals, including physicians, nurses and others, and the highway safety guideline, number 13, the National Highway Traffic Safety Administration, recommends that there is a medical advisory board in every state, and specifically identifies occupational therapists as one of the recommended professionals. The objective of the medical advisory board to determine the medical fitness to drive of individuals with conditions that can impact their ability to safely operate a motor vehicle. The medical advisory board functions by reviewing the medical history of drivers, and then, providing licensing determinations to the license agency. From an occupational therapy perspective, it's important to know if your state has a medical advisory board, become familiar with the process, and consider opportunities to advocate with these groups as an OT practitioner. Again, the driver rehab specialist is another excellent resource for

you to learn more about this process, so that you can be a good resource for your clients.

This slide demonstrates some of the references that were referred to in, earlier in the session. I know that some folks get real excited about driving and would like to get started in the profession, and the first question that I always get from OTs, especially when I'm at the AOTA Conference, because this is such an exciting field, is how do I get started? And one of the things that we really recommend is with any specialty area in occupational therapy, be it Lymphedema, hand therapy or driving, it all starts with continuing education. ADED has continuing education as does AOTA, and you're taking your continuing education through occupationaltherapy.com today. So start by educating yourself. Learn more about this specialty area within the profession. You can also start providing some screening services, collaborating with a local driving program. I will share that one of the obstacles that I had when I started the program at the hospital was we did not have a vehicle, and in the state of North Carolina, as with most states, if you were to perform, provide any services to behind the wheel, such as that behind the wheel assessment, you also need to have a license as a driving instructor.

So when we started our program, we started small. I went for my education and training, and came back to the hospital, and started with, what we would call now, a basic program. So most of my clients did not have physical needs that required adaptive mobility equipment. So most of my clients were low level, post-stroke, high level brain injury, et cetera. For the behind the wheel assessment, we collaborated with a driving school instructor that had experience working with drivers with disabilities, and this is another wonderful collaborative program that can be started to get a program off the ground. So as the occupational therapist, I performed the clinical or the medical assessment, and I was fortunate enough to be able to ride in the backseat, while the driving instructor conducted the behind the wheel assessment. It's important

to note that the behind the wheel assessment road course was designed collaboratively between myself and the driving school instructor, so we could see all the different components that, of roadways that was important for that assessment. After the road test was conducted, then, the two professionals, the OT and the driving instructor, we would get together and determine, make a determination on our recommendations that would go back to that referral source, and to be shared with the driver. So that system worked out very well for us, for a couple of years, and it held the program together, as we grew our referral base, and I was eventually able to get my own instructor license and the program obtained a vehicle. Then, I was able to perform both sections of the comprehensive assessment under one roof, as it were. But it is important to share, there are alternative ways to get some of these programs up off the ground. I hope that you've had, you've gained an understanding of how occupational therapists are uniquely positioned to address the driving and mobility needs of individual with disabilities and older adults. The driver rehabilitation specialist is a great resource for you to assist your clients in their journey towards independence, and safety with community mobility. Driving is an IADL that should be addressed by occupational therapy, but remember, it's an IADL that can kill, so referring your client to the right service at the right time is critical. Occupational therapy plays a pivotal role in starting the conversation about driving, and initiates the process of referral to the driver rehab specialist. Thank you for your time, in allowing me to present this information to you. I believe we do have some time for questions, and if Ms. Nika would pop on, and see if there's any questions.

- [Nika] Thank you so much, Liz. Yes, we've some questions coming in. So let me see. The first one here is from Tammy, and asks, "Does ADED recognize COTAs to assist the OT?"

- [Elizabeth] That is an excellent question, Tammy, and I'm so glad you asked it. I actually, I was driving into work this morning, thinking about this presentation, and I

really wanted to insert that into my presentation. So absolutely, yes. Occupational therapists, or COTAs do have a role in driver rehabilitation. One thing you do need to remember, though, is that you're operating under your license as, within your scope of practice within your state license rules, laws and regulations. So some of the evaluation tools you may not be able to perform because of that COTA degree, and that would have to go back to the OTR to perform those, however, I do know of several COTAs that are, also have their driver instructor license and those are the key behind the wheel assessors for the program, so there is absolutely a role for that level of profession, and I know several in our organization that have made an entire career within driver rehabilitation.

- [Nika] Okay, thank you so much. So the next question here, "Is the spectrum of driver services handout, "the table available on either AOTA's website "or ADED's website?" Do you know?

- [Elizabeth] Yes, I know for certain, it is on ADED's website. It was provided as a handout with this course. It was a co-branded document, so it should be available on AOTA's website, I'm just not exactly sure where they've put it. You can also email me directly, at this email on the screen, and I'll be happy to send you a copy of it.

- [Nika] Okay, perfect. Thank you. So the next question, "As a generalist OT practitioner, "the questions I get from patients when talking "about working with a driver specialist, "how much will it cost and will it be covered by insurance?" So could you speak a little bit about how reimbursement and coverage works for a patient who is going to see a driver specialist?

- [Elizabeth] Certainly. Back in the good old days, when I started my program, depending on how the Medicare rules and regulations were interpreted, some programs were able to be billed by Medicare. However, those rules have changed, and

driving is no longer deemed as a medical necessity, so that put a wrench in the works of these occupational therapy programs providing these services. Typically, Medicare does not provide reimbursement for the comprehensive driver evaluation. When I say comprehensive, I'm including that behind the wheel piece. Some of these programs have been able to successfully bill and be reimbursed for the clinical aspect of the assessment, and some programs have decided to go to a pay a fee for service type of program. The ADED website, for members, we do have some information on Medicare building, excuse me, billing, and some other payer resources. I can also share with you that vocational rehabilitation is a good payer source for those that are eligible, and then, there's also some charitable organizations that sometimes will help support the cost of getting that driver's evaluation.

- [Nika] Okay, thank you so much. One more question here. "Do you have any suggestions on ways to navigate "or educate a patient or their family "when they have unrealistic expectations "about returning to driving? "For example, a patient who has had significant deficits, "multiple medical conditions, and so on."

- [Elizabeth] That's always a challenging position to be put in, and the family is really looking to you to be honest with what their situation is. The physician is also looking to you to make a recommendation that's going to be best for that client, but also considering public safety. There's several different strategies, and I've also noticed that there's a lot of interpersonal roles that are being played between say, an older driver and their adult children. So you kinda navigate those waters a little delicately. Again, we don't wanna discourage people, but at the same time, we wanna maintain their safety. So sometimes, it is beneficial, even though you know, as the OT generalist, that person is probably not a good candidate to go back to driving, to go ahead and refer them to the specialist. The specialist might be able to show them, through the testing, that they're really not a good candidate, that they are a high risk driver. Sometimes, having a consultation, as long as the client allows it, with that caregiver, or that adult

child, separately, to really get at the root of what their perceptions are, what's happening with that client, is also helpful, to get them on board with what your recommendations are going to be, and unfortunately, sometimes, there's gonna be times where you just have to refer them on, and start a case with, through that medical review board, and let the license agency step in, who is over control over their license, and make that final determination. Sometimes, that's the last straw, you don't wanna have to be heavy handed that way, but sometimes, that is an option that you might have to exercise.

- [Nika] Okay, thank you. And we did have one question, kinda the same thing. But, "When working with a patient, "especially in a rural area, "if they are currently driving, "and view it as a right rather than a privilege," kinda the same thing, "how would you discuss cessation of driving "with a client that are cognitive impaired, "and shouldn't be driving?"

- [Elizabeth] Mm-hmm, well, and a lot of times, that's gonna be a collaborative relationship, or discussion with the client, their caregivers, and getting the physician involved. Sometimes, depending on who that client's gonna listen to, sometimes, a physician's gonna be able to pass that message along a little bit more strongly than the specialist or you as the occupational therapy generalist, and I have known of sometimes, especially in the rural area, if the good old sheriff can show up on the doorstep, and tell Mrs. Jones that she shouldn't drive anymore, they'll listen to him. So sometimes, there's just, you have to take each situation on its own, and try to determine what's going to be the best situation. Again, the ultimate authority lies with the license agency so if there's a true public safety issue, and that client is truly not going to be compliant with your recommendations, the physician's recommendations, you do need to report. You have an ethical duty to report to the license agency.

- [Nika] Okay, thank you so much. I don't see any other questions, so this will bring us to the end of today's webinar. Thank you so much, Elizabeth, for sharing your knowledge and expertise with us. I hope everyone has a great rest of the day, and you join us again soon on occupationaltherapy.com. Thank you.

- Thank you.