

License Removal, Driving Assessments and the Process of Re-Acquisition

Presented by:

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Driving is the Ultimate Activity of Daily Living



Presentation Objectives

1. Understand the process of license removal and re-acquisition.
2. Understand the implications of license removal for the client.
3. Become familiar with the Driving Assessment and Rehabilitation process.

Introduction

- Driving is an over-learned, fast paced and complex skill.
- Driving involves:
 - Sensing
 - Deciding
 - Acting

FACT

- A typical driver makes approximately 12 decisions per km with less than $\frac{1}{2}$ second to act to avoid an accident
- Supreme Court of Canada decision in 1999 supported that a driver's license could not be suspended on basis of diagnosis but only with proof of inability to drive.

Step 1: License Removal

- Injury or change in medical status
- Doctor is required to report to the Ministry of Transportation of Ontario (MTO) using CMA Driver's Guide for Determining Medical Fitness to Operate Motor Vehicles (Canadian Medical Association, 2010)

"Every legally qualified medical practitioner shall report to the Registrar the name, address and clinical condition of every person sixteen years of age or over attending upon the medical practitioner for medical services who, in the opinion of the medical practitioner, is suffering from a condition that may make it dangerous for the person to operate a motor vehicle."

R.S.O. 1990, c H.8, s. 203. (Government of Ontario, 2010)

Who is responsible for identifying At-Risk Drivers?

- 7 provinces have mandatory physician reporting of medically unfit drivers to the corresponding ministries of transportation and 3 provinces have discretionary reporting.
- Quebec has extended the onus of reporting to include other health professionals
- Ontario – only physicians have a mandatory responsibility to identify potentially unsafe drivers
- CAOT has made recommendations to increase the onus on health professionals other than physicians to assist in identifying potentially unsafe drivers who may need an assessment.
- CAOT proposed a national use of a Standard Driver Safety Concern Form to report a potential "functional" concern regarding an individual's driving safety to the provincial Registrar.

Canadian Medical Association. Driver's Guide –
Determining Medical Fitness to Operate Motor Vehicles

The recommended method for testing driving ability of people with mild dementia is a comprehensive off- and on-road test at a specialized driving centre approved by the provincial or territorial ministry of transportation. (pg 27, CMA Driver's Guide)

Step 2: MTO Process

- A file is opened with the Medical Review Section
- Reports are received by the MTO and are screened and prioritized according to risk to road safety using:
 - Mandatory medical standards found in the Highway Traffic Act
 - CMA guidelines

Step 2: MTO may do any of the following:

- a) Request for driver to submit more medical information
- b) Request for driver to participate in the standard licensing procedure

MTO may do any of the following (cont'd):

- c) Request for driver to participate in a driving assessment at an approved Driver Assessment Centre to
 - i) consider reinstatement of suspended D.L. or
 - ii) determine competence to continue driving by a certain date
- d) Suspend Driver's License on a medical basis

...MTO programs continued

5. Driver Assessment Request

- a) Drivers of all ages may be requested to participate in a driving assessment at a MTO Driver Assessment Centre
- b) The request is made via mailed correspondence from the MTO
- c) The MTO includes a list of "Approved Driver Assessment Centers For Medical Assessments" to the client with the request
- d) Approximately 40 Approved Driver Assessment Centers in Ontario

Step 3: The Driving Assessment

- Team consists of Office Administrator, OT's and Driving Instructors
- Team are members of The Association for Driver Rehab Specialists (ADED)
- Evaluation vehicles with various modifications equipped with dual control braking system



Services that may be offered at a Driving Assessment Centre

- Comprehensive Assessments
- Customized On –The – Road Rehabilitation Training Programs
- Prescriptions for Modified Vehicles and Adaptive Equipment
- Job Site Assessments and Training (Truck, Bus, Machinery)
- Research, consultation, public/professional education



Who can we service?

- Clients who have a medical condition or physical disability that affects their ability to drive

Cognitive Impairments:

- Acquired: Stroke, Traumatic Brain Injury, Brain Tumor, Aneurysm
- Progressive: MS, Parkinson's, Dementia (including Alzheimer's)
- Congenital: CP, Spina Bifida

Who can we service (cont'd)?

Physical Impairments:

- Acquired: Stroke, Spinal Cord Injury, Amputations (UE/LE), Guillian Barre Syndrome, Soft Tissue Injuries, Orthopaedic Injuries
- Progressive: MD, MS, Parkinson's
- Congenital: Short Stature, Ontogenesis Imperfecta, Arthrogryposis, Spina Bifida

Psychological Impairments:

- Post Traumatic Stress Disorder, Driving Phobia, Medication Induced, Alcohol induced, Various Psychiatric diagnosis

Who Refers to Driver Assessment Centers?

- MTO
- Allied Health Professionals
- Nurses
- Physicians
- Self or Family
- Lawyers
- Insurance Companies
- Case Managers
- Psychologist
- ANYONE!

Making a Referral

- By calling the Driving Assessment Centre
- By faxing a referral form
- By completing a referral form on line
- Send relevant reports and documents for the OT to review
 - Documents from Neuropsychological testing, physicians and other health care professionals are extremely helpful in providing background information to O.T.

Suspended Licenses and the Driving Assessment

- A One-Day Temporary Driver's License (TDL) must be granted by the MTO-Medical Review Section
- One-Day TDL Request faxed by the Assessment Centre to the MTO-Medical Review Section
- MTO-Medical Review may deny the One Day TDL if they required additional medical information.
- An appointment for a Driving Assessment may only be booked if a TDL is granted.
- The One-Day TDL is obtained for the day of the assessment.

Suspended Licenses and the Driving Assessment (cont'd)

- Approximately 2.5 hours
- Cost is \$615 which includes In-Clinic, On-Road and Report
- Cost is not covered by health care or licensing system
- Tax deductible (medical expense)
- May be covered by private insurance for O.T. Services
- Client is requested: not to drive to the assessment, bring list of medication, correspondence from the MTO, medical reports and glasses, preferably to be accompanied by family member
- If client prefers and provides consent – family member/friend may be in attendance during the assessment

Pre-Road Assessment

- Canadian Consensus Meeting on Driving Evaluation in Older Drivers (2007)- Summary of the Working Group Recommendations included:
 - a) A comprehensive driving assessment should include a pre-road component
 - b) Ideally the pre-road assessment should be done by the on-road evaluator

Pre-Road Assessment (cont'd)

- c) Pre-Road assessment should include the following components:
 - Cognition, vision, reaction time, visual-perception, behaviours, physical and motor
 - Driving history
 - Medical history
 - Vision
 - Driving Knowledge

The Clinical Assessment is Multi-Factorial (conducted by O.T.)

- 1. Initial Screening:** Medical History, Medical Clearance, License Status
- 2. Driving History:** Experience, collisions, restrictions

Clinical Assessment (cont'd)

3. Self Perception of Driving Performance: Questions to Ask Client

- Why were you referred for a Functional Driver Assessment?
- Have your abilities changed?
- What would your friends and family say?
- How do you think any of these changes will affect your ability to drive?
- What do you do or my have to do differently to compensate or help your driving performance?
- In the last year, have you had any accidents, incidents, near misses or a ticket(s) for traffic violations?
- Have you restricted your driving habits (driving less, on familiar routes, avoiding night, bad weather, busy streets)?
- Have you ever gotten lost while driving or forgotten where you were going?
- Do other drivers honk at you or irritated about your driving?

Clinical Assessment (cont'd)

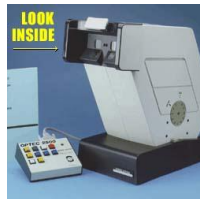
Questions to Ask Family:

- Do you or would you feel uncomfortable being a passenger when the person is driving?
- In the last year, has the driver had any accidents or near misses or tickets for traffic violations?
- Have you noticed the driver self-restricting (driving less, on familiar routes, avoiding night, bad weather, and busy streets)?
- Would you allow your children/grandchildren to drive with your family member?
- Have there been occasions where the person has gotten lost or shown navigational confusion?
- Have you or others seen unsafe or abnormal driving behaviour or are cues/directions needed from a "copilot"?

Clinical Assessment (cont'd)

4. Vision Screen:

Optec 2000, must meet MTO Vision Standards

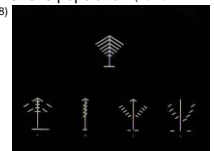


Clinical Assessment (cont'd)

5. Visual Perceptual/Cognitive Testing

Motor Free Visual Perceptual Test (MVPT 3)

- Spatial Relationships, visual discrimination, figure ground, visual ground, visual memory
- Provides a profile of basic visual perceptual skills needed for driving. Indication of client's speed of processing visual information has been correlated to driving performance for stroke population (Korner-Bitensky et al., 2000; Mazer, Korner-Bitensky, & Sofer, 1998)



Clinical Assessment (cont'd)

5. Visual Perceptual/Cognitive Testing continued...

Cognitive Screening: Mini Mental State Examination (MMSE)

- 11 item test that assesses orientation, attention, immediate and short-term recall, language, and the ability to follow simple verbal and written commands. It provides a total score that places the individual on a scale of cognitive function based on age and educational level.
- Numerous studies show a relationship between poor performance on the MMSE and decreased driving ability.
- Has been validated as a measure of cognitive impairment

Clinical Assessment (cont'd)

5. Visual Perceptual/Cognitive Testing continued...

Montreal Cognitive Assessment (MoCA)

- The MoCA was designed as a rapid screening instrument for cognitive dysfunction. It assesses different cognitive domains: attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation.

MONTREAL COGNITIVE ASSESSMENT (MOCA)

NAME: _____ Date of birth: _____
 Education: _____ Sex: _____ Date of exam: _____

VISUOSPATIAL / EXECUTIVE Copy cube: _____ Draw CLOCK (Two past shown) _____

NAVIC _____

MEMORY Read list of words, select word repeat them, fill in box in a word after a sentence. _____

ATTENTION Read list of digits in right order. Subject has to repeat them in the forward order. _____

LANGUAGE Repeat: List of words that follow the sequence: Repeat the words. _____

ABSTRACTION Identify between a box and a triangle. _____

RELATION / RECALL _____

ORIENTATION _____


© Montreal Cognitive Assessment - 2005
 www.mocoba.org

Clinical Assessment (cont'd)

5. Visual Perceptual/Cognitive Testing continued...

Useful Field of View (UFOV)

- A computer administered and computer-scored test of visual attention that provides information that may help estimate crash risk
- Proven to be a strong predictor of crash risk in older drivers (Owsley & Ball, 1993)
- Recommended for adults 55 years old and older (Owsley & Ball, 1993)

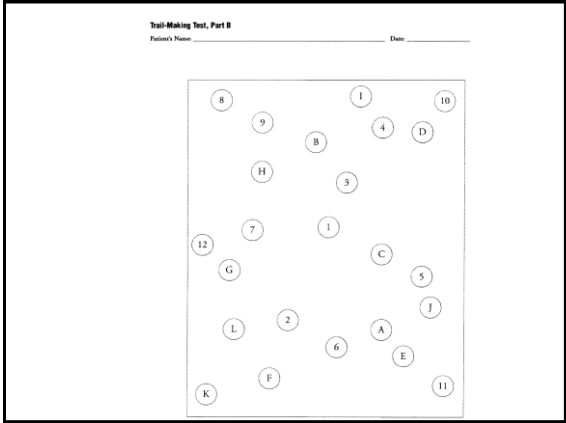


Clinical Assessment (cont'd)

5. Visual Perceptual/Cognitive Testing continued...

Trails A & B

- This assessment targets specific functional capabilities including speed of information processing and attention switching (divided and selective attention), and requires effective psychomotor coordination.
- Studies have indicated a significant correlation between poor results on the Trail Making Test and increased crash risk
- Trail Making B (cut off=3 errors or more) positive predictive value of 85.2% and negative 48.1% (Mazer, Korner-Bitensky & Sofer, 1998)



Clinical Assessment (cont'd)

6. Physical Functioning

- Active Range of Motion of Upper and Lower Extremities and Cervical Spine
- Functional Strength of Upper and Lower Extremities
- Balance
- Gait
- Co-ordination
- Reaction Time
- Transfers
- Tone

Clinical Assessment (cont'd)

7. Performance Based Tests

- Road Knowledge,
- Road Sign Recognition

Predictive Value of the In-Clinic Assessment

- It is important to remember that the performance of a client during cognitive testing does not necessarily correlate with his/her ability to accomplish daily life activities (Dr. Sonia Lupien)
- The Road Test is essential and is the most significant test to determine driving capability
- The In-Clinic Assessment helps to interpret the result of the On-Road Test by establishing a link between perceptual and cognitive impairments and problems observed during the road test

The On-Road Assessment

The **Gold Standard** to Determine Ability to Drive



"Check your rearview mirror often. I'll provide feedback through rude hand gestures and screaming obscenities."

On-Road Assessment continued...

Canadian Consensus Meeting on Driving Evaluation in Older Drivers- Summary of the Working Group Recommendations (2007)

1. The Group reviewed all published existing on-road tests and was not able to recommend a standardized tool for an the road tests
2. A 45-60 minute on –road evaluation would provide sufficient time to assess the various on-road driving behaviours.

CAOT Working Group Recommended the following maneuvers to include during On-Road Assessment – strong consensus

- Navigation through 4-way stop intersections
- Navigation through 2-way stop intersections
- Left turns
- Right turns
- Stop signs
- Merge into traffic
- Roadway requiring lane positioning
- Route requiring changing of lanes
- Roadways requiring varying speeds to greater than 70 km/hr
- Following another vehicle
- Opportunity to slow for potential hazards

CAOT Working Group Recommended the following maneuvers to include during On-Road Assessment – moderate consensus

- Traffic lights (given that rural environments may not provide the opportunity to assess)
- Merge at speed of 70km/hr plus (e.g. highway merge)
- Yield situation (sign where available)
- Driving in reverse (backing up)

The On-Road Assessment at our Centre

- Conducted by O.T and Certified Driving Instructor
- Assessment done in evaluation vehicle with dual brake controls and dual mirrors
- Assess ability to transfer, and stow mobility devices
- Orientation to vehicle

On-Road Assessment (cont'd)

- In-Clinic results determines course of on-road assessment
- Differs according to client's needs (example anxiety, cognitive impairment, physical deficits, etc.)
 - ABI-Michon Model of Driving (1979)

On-Road Assessment (cont'd)

- Route that incorporates maneuvers outlined above
- Route gradually increases in complexity (parking lot, residential, city, highway)

CAOT Working Group Recommended the Following Behaviours to Observe During On-Road Assessment

- Speed maintenance at varying speeds
- Maintaining lane positioning
- Stopping at red traffic lights
- Stopping at stop signs
- Not stopping at green lights
- Merging at appropriate speed with visual scanning and awareness of critical stimuli
- Appropriate lane position during turns

CAOT Working Group Recommended the Following Behaviours to Observe During On-Road Assessment

- Verification of surrounding traffic prior to changing lanes
- Backing up with awareness of surrounding stimuli by checking behind, and both sides
- Slowing for potential hazards
- Yielding where appropriate
- Not spending excessive time at intersections
- Respecting a "space cushion" around the car
- Maintaining driving performance with introduction of "cognitive burden" (e.g., driving with conversation)

Also Observe the Following during On-Road Evaluation

- Concentration
- Comprehension of directions
- Attention to task
- Awareness of how driving is effecting others
- Judgment
- Need for intervention by instructor for safety reasons
- Reaction time
- Ability to multitask
- Ability to drive with distraction



Examples of Typical Impaired On-Road Behaviours:

- Driver strikes object
- Drives up/over curb, sidewalk
- Drives in oncoming traffic lane
- Turns from improper lane
- Difficulty maintaining lane position
- Stopping in traffic for no apparent reason
- Inappropriate speed
- Disobeys signs/signals e.g. running stop signs or lights, stopping at green lights, hesitating too long at intersections/all way stops
- Impulsive and unsafe left turns
- Failure to observe pedestrians, other vehicles
- Hazardous maneuvers
- Driving instructor intervention required in order to prevent a collision
- Lack of insight and awareness of driving errors made
- Unable to implement changes in driving

Potential Outcomes of the Driving Assessment

According to the CAOT Working Group, the outcome should be classified into 3 categories:

- Pass (performed safely)
- Poor (remediable/indeterminate)
- Poor (not safe/non-remediable)

Objective #3: Discuss Potential Outcomes of the Driving Assessment

Results/Recommendations when Driving Assessment is Complete:

- Results shared in the office upon completion of the assessment with client and family member (only with client's consent)
- Positive, sensitive, supportive and respectful approach

Interpreting Results

- Distinguish between “poor driving habits” and “errors due to decreased competence”



Possible Recommendations may include the following:

- continued independent driving (if D.L. is valid)
- license reinstatement (if D.L. is suspended)
- continued suspension of license (if D.L. is suspended)
- client has option to appeal decision to MTO
- termination of driving privileges
- driver training
- continued independent driving with reassessment due to progressive nature of diagnosis if physician notes a change in client's medical status
- **Only with written consent** – Driving Assessment Report forwarded to the MTO – Medical Review Section.

Driver Training

- May need adaptive equipment or seating/positioning recommendations to improve driving performance (convex mirror, reversing camera, hand controls, reposition seat/mirror/steering wheel, reduced effort seating)
- Client must have insight into driving errors and ability for new learning and demonstrate consistent implementation of changes into his drive.
- Final Evaluation conducted by O.T and D.I. upon completion of training
- Training terminated if sufficient progress is not made due to inconsistent driving performance

Implications of license removal for the client

- Driving is seen as an integral part of self, an activity and ability taken for granted throughout life, despite the onset of stroke
- Driving creates possibilities to participate in work and leisure and also symbolizes freedom and the opportunity to decide where and when to go, a flexibility and spontaneity that only driving could offer
- When the client is unable to accept and adapt to the loss of their license, they can experience occupational deprivation.

Patomella, Johansson & Tham (2009)

Client Perspective of failure

- Often perceived as unexpected
- In some cases, client is relieved
- Feelings of grief and anger
- May feel that they were subjected to an unfair process
- The feeling of being questioned during the assessment felt insulting
- Stressful
- Want evidence of the results
- Client may doubt the methods of the evaluation

Byszewski, Molnar & Aminzadeh (2010)

Client Reactions to Driving Cessation

- Shocked
- Appalled that doctors and health professionals expected them to continue lifestyles without driving
- Difficulty understanding legal requirements
- Loss of liberty and independence
- Sadness
- Frustration
- Reject the advice
- Acceptance
- Surprised
- Unfair treatment
- Thought recommendation was incorrect/invalid (thought doctors didn't have all the information)
- Powerless
- Devastating
- Violation of right to self-determination

Byszewski, Molnar & Aminzadeh (2010); Patomella, Johansson & Tham (2009)

Implications of Loss of License for Client

- Social isolation
- Diminished quality of life
- Barriers to asking family members for transportation
- Difficulty finding alternative transportation
- Loss of other occupations
- Loss of identity
- Feeling dependent
- Caregiver burden increase(Become main provider of transportation, difficulty supporting client cope with non-driver status, responsibility of keeping client off the road)
- Lack of spontaneity, flexibility and feeling trapped

Byszewski, Molnar & Aminzadeh (2010); Patomell, Johansson & Tham (2009); Bryanton, Weeks & Lees (2010)

What can an OT in the Community do?

- DO NOT perform your own On Road Evaluation!! (Role of community OT is generalist vs. specialist)
- SCREEN for self-awareness, visual perceptual skills, judgment, decision making , concentration, attention, physical skills etc.
- Ask client specific driving related questions
- With the client's consent – discussion with family members re. driving
- Skill specific training
- Increase client's self awareness

What can an OT in the Community do? (cont'd)

- If client is at imminent risk to himself or others, the O.T. has a duty to report.
- Call DriveAgain if you have questions or concerns
- Remember: On-Road Evaluation is the **Gold Star** to determine ability to drive
- Assist client transition from driver to non-driver
- Please note
 - Co-Piloting not a solution
 - Restricted Driver's Licenses do not exist is Ont.

What Can Health Professionals and Family Members do to assist the older driver to transition to the non-driver role?

- Assist client identify meaningful activities that do not require driving
- Plan ahead
- Help the older adult identify alternate forms of transportation
- Arrange to have prescription medicines, groceries and meals delivered
- Have hairdressers and other services make home visits
- Organize weekly schedule of family, friends, volunteers to drive client to run errands, social outings, medical appointments etc.
- DriveAgain Brochure : "Guide to Driving and Alternatives"

Driver Training

Number and length of sessions vary according to clients' needs

- Cognitive
- Adaptive Equipment Training
 - MTO Requires client to participate in 3 part test (vision, knowledge, road) in order to have condition placed on Driver's License
- Driving/Passenger/Pedestrian Anxiety
- Return to Work – e.g. taxi driver, truck driver

Progress/Final Evaluation

- Upon completion of Driver Training Sessions
- Conducted by Driving Instructor and O.T.
- Progress/Final Report submitted
- Report includes information about training sessions, progress, recommendation of discharge or further training

Remember.....

- Community Mobility is a right, driving is a privilege reserved for those competent to do so.