

Canadian National Driver Rehabilitation Conference

Ottawa, Ontario . October 12 & 13, 2017



Co-hosted by the Canadian Association
of Occupational Therapists and the
Association for Driver Rehabilitation Specialists



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Welcome from ADED's Executive Director



On behalf of *ADED: The Association for Driver Rehabilitation Specialists*, it is my honor to welcome you to the **Canadian National Driver Rehabilitation Conference**, here in beautiful Ottawa. During this event, you will learn from your peers, expand your professional network, find mobility solutions to fit the

needs of your clients and become energized for the special and important work you do every day.

This conference reflects the collaborative work between ADED and CAOT who are passionate about quality continuing education and ensuring that our members have access to training. Working together, we have created a great program, filled the exhibit hall with high quality vendors and opened the doors to all professionals that work with drivers with disabilities. Driver rehabilitation is a profession within a profession for many and we appreciate the dedication and care you take in helping others achieve their goals of independent community mobility. Driver rehabilitation professionals are instrumental in ensuring safe, independent transportation for both drivers and passengers. This is a service delivered with great care and humility. Every day you are reminded of the impact our industry can have on the life of a single person, their family and community. I encourage you to use the time spent at conference by reflecting on your unique call to service and setting goals for expanding your professional horizons.

A lot of people were involved to ensure a successful conference. I appreciate the hard work of the ADED and CAOT staff and volunteers who served on the many committees related to the event. I am grateful for the exhibitors hosting exhibit booths and for the sponsors whose support is so valuable to the success of any event of this size. Our exhibitors are unique to this industry and are here to assist you. Be sure to spend time at their booth. Challenge them to come up with unique solutions to client needs and let them know what you like about their products. Don't be shy, believe me, they will listen!

Sincere gratitude goes to those speakers and poster presenters who have committed to sharing their knowledge and experience over the next 2 days. I know you will leave here with new ideas, validation that the work you do is important and plans to expand your professional goals. Our speakers are a big part of that professional development and I appreciate the time they have dedicated to developing high quality presentations that make a difference. Who knows, you may just be inspired to be a presenter at a future event!

Elizabeth Green, OTR/L, CDRS, CAE
ADED Executive Director

Welcome from the Executive Director of CAOT



On behalf of the Canadian Association of Occupational Therapists (CAOT) I am pleased to welcome you to the nation's capital, Ottawa, during Canada's 150th, where we are happy to partner with the Association of Driver Rehabilitation Specialists (ADED) in bringing you the

Canadian National Driver Rehabilitation Conference.

Driver rehabilitation has been an important priority for CAOT for some years, and we are delighted to support further advancements in this area by co-hosting this important learning event. Occupational therapists are uniquely positioned to offer evidence-based, client-centred interventions that enable safe driving practices. Such interventions as vehicle modifications and the teaching of compensatory driving strategies enable drivers to stay fit to drive and engaged within their communities. This conference is a great opportunity to bring together occupational therapists and stakeholders from the mobility industry for two days of learning, networking, and inspiring. The conference program is filled with informative and hands-on sessions delivered by a lineup of expert speakers. There is no doubt that everyone will take away valuable knowledge to apply to their practice.

To those of you who are presenting and sharing your knowledge, expertise and hard work with us during the next two days – thank you for enriching our conference experience and for being an advocate for the field of driver rehabilitation. To our delegates from around the world and from across the spectrum of the mobility industry – thank you so much for investing your valuable time to gather, share and learn at the Canadian National Driver Rehabilitation Conference.

October is traditionally a beautiful time to visit Ottawa and enjoy the fall colours, so I hope you find time in your busy schedule to explore the city and surrounding area. Welcome!

Janet Craik, MSc., OT (C), OT. Reg. (Ont.)
CAOT Executive Director

Welcome to Ottawa

By Tourism Ottawa

Ottawa is Canada's capital, a dynamic city of more than one million people. Located in the province of Ontario at the Quebec border, it's a place where you'll hear English and French spoken in the streets; where you can discover Canada's proud heritage at impressive national sites and famous landmarks, including the Rideau Canal (a UNESCO World Heritage Site); and where you can spend much of your time exploring on foot. It's a city steeped in culture, with world-class museums and galleries displaying stunning national collections and special exhibitions from Canada and around the world.

Must-see Ottawa attractions



Parliament Hill

The centrepiece of Ottawa's downtown landscape, Parliament Hill is the political and cultural heart of the city. The Parliament Buildings sit atop the Hill, the gorgeous Gothic-style structures overlooking the Ottawa River, as the politicians within debate the present and future issues of the country. Free guided tours are available daily, including a chance to head up to the Peace Tower for an incredible view of the city.

Museums and galleries

Ottawa cultural attractions invite visitors to experience the best of Canada all in one place. Ottawa's national museums tell the country's story in history, nature, at war, in aviation and space, agriculture and food, science and technology, plus attractions that focus on Canada's Aboriginal peoples. The National Gallery of Canada lets you explore extraordinary collections of art from across Canada and around the world.

Byward Market

For nearly 200 years the Byward Market has played host to artisans, farmers and craft merchants who converge year-round to sell their specialty items and wares. The downtown market, just a short walk from Parliament Hill, also houses numerous cafés and some of the city's best pubs and restaurants. And when the streetlights turn on, the market becomes one of the spots in Ottawa to grab a late-night drink and catch some live music.

Photo credit: © Ottawa Tourism / Tourisme Ottawa

Outdoor & adventure

Ottawa is an outdoor enthusiast's dream destination, with an extensive network of scenic recreational biking paths, hiking trails and a significant number of golf courses close to downtown. Gatineau Park, just 15 minutes from Parliament Hill, is the Capital's conservation park.



Culinary scene

The culinary scene in Ottawa has come alive in recent years, with a thriving community of Ottawa chefs and Ottawa restaurants making names for themselves both at home and abroad. From fine dining to casual pubs and a diverse selection of cuisine choices, Ottawa's food scene offers a little something for everyone.

Performing arts

The Capital's premier performing arts venue, the National Arts Centre, presents a full lineup of music, dance and theatre, plus popular touring acts and shows. Ottawa also has a thriving local theatre scene, including the Great Canadian Theatre Company, Ottawa Little Theatre, and The Gladstone.

City tours

There are numerous tours and sightseeing options in the capital, from bird's eye view see-the-whole-city type of tours, to niche companies that give you an in-depth understanding of a particular aspect of Ottawa. And you can choose your mode of transportation — bus, boat, plane, helicopter, bicycle or feet!



Neighbourhoods & shopping

Unique Ottawa neighbourhoods offer distinctive shopping, dining and nightlife experiences across the Capital city. From Little Italy's charming bars and restaurants, to the glorious archway over Chinatown, there is plenty to experience in Ottawa's varied neighbourhoods. Discover the unique ambiance of each.

Conference Chair Welcome Address

On behalf of the Planning Committee, it is with great enthusiasm that I welcome you to our nation's capital, Ottawa, and the Canadian National Driver Rehabilitation Conference 2017.

Back in the fall of 2015, we had the vision of creating an opportunity to bring multiple disciplines together to recognize and honour their uniqueness in delivering driving assessment and rehabilitation services to clients with varied mobility and transportation needs. Also, recognizing that the 8th Canadian Workshop for Driver Rehabilitation Specialists was in 2010, we wanted to build on the successes of those previous workshops and expand the offering.

A proposal for a partnership between the Canadian Association of Occupational Therapists (CAOT) and the Association for Driver Rehabilitation Specialists (ADED) was forged to develop this fantastic 2-day interdisciplinary, intensive professional development activity to advance knowledge and skills in driving assessment and rehabilitation, aimed at beginners as well as experts in the field. The planning team comprised of CAOT, ADED staff and

dedicated volunteers have provided countless hours and tireless effort to bring you this exciting event.

We thank our exhibitors and sponsors for their generous support. We also want to thank those presenting the many symposiums, seminars, workshops and poster presentations for sharing their knowledge, experiences and innovations to help move the mobility industry forward in Canada.

The full spectrum of the mobility industry is represented here including occupational therapists, certified driver rehabilitation specialists, driving instructors, mobility equipment dealers, manufacturers and suppliers of adaptive driving equipment, researchers, regulators, and others involved in driving and transportation.

I encourage you to immerse yourself in the next 2 days and take advantage of the many opportunities to expand your knowledge, network with colleagues, exhibitors and presenters and have fun!

Tamalea Stone, BA (Hons), BHSc., OT(C), OT Reg.(Ont.)
CNDRC Project Lead and Conference Chair

Meet the Team



Project Lead
Chair of EMG Committee
Program Committee
Sponsorship Committee

Tamalea Stone is a registered occupational therapist and has worked in a variety of practice settings over the last 24 years. In 2009, she completed the Master's Graduate Certificate in "Assessing Driving Capabilities" and in that same year, started her private practice. In 2013, she launched Drive ON! Comprehensive Driver Rehabilitation in Peterborough, Ontario.

Her leadership and passion to advance initiatives related to driving rehabilitation was noticed by CAOT and lead to her role as the coordinator of the Older Driver initiative. It was in this role and with her extensive

network in the mobility industry that she proposed a partnership between CAOT and the Association for Driver Rehabilitation Specialists (ADED) to advance the field of driver rehabilitation in Canada and deliver the Canadian National Driver Rehabilitation Conference.

Tamalea's commitment to supporting the value of OT in driver rehabilitation and promoting older driver safety can be measured by her many efforts on various boards and committees. She is currently serving her second term as ADED Ontario Chapter Secretary and sits as a Member at Large on the Canadian Board of the National Mobility Equipment Dealer's Association (NMEDA). Tamalea was a member of the Advisory Board of the National Blueprint for Injury Prevention for Drivers with Arthritis and is trained as a CarFit Instructor and oversees the implementation of the CarFit program in Canada.

Meet the Team



Chair of Program Committee EMG Committee

Julie Lapointe, erg., OT(C), OT Reg. (Ont.), PhD, is an occupational therapist and the Director of Knowledge Translation Programs

at the Canadian Association of Occupational Therapists (CAOT). She has advanced a number of projects related to the field of driving rehabilitation such as the National Blueprint for Injury Prevention in Drivers with Arthritis, the implementation and dissemination of the CarFit program in Canada and the translation of public resources "Driving Safely as you Age".



EMG Committee Sponsorship Committee

Lynn Rocap, CAE is ADED's Educational Services Manager. She has over two decades of experience in non-profit association management and education. Lynn's multi-faceted experience includes event management and planning, development and

maintenance of educational programs, building online educational platforms, membership engagement, and credentialing programs. Lynn is a graduate of the business and ethics program at Trinity College of Florida and is currently pursuing her MBA at Regent University. A native New Yorker, Lynn calls Tampa Bay, Florida home where she lives with her husband, a special education teacher and her sixteen year old son whose marching band and percussion activities keep life lively.



EMG Committee Program Committee Sponsorship Committee

Lynn Hunt is an Occupational Therapist and Certified Driver Rehabilitation Specialist at The Ottawa Hospital Rehabilitation Centre. She has worked in the field of driving rehabilitation since 1980 and was instrumental in the development of the Driving Rehabilitation Service in Ottawa. She has been involved in research, publications

and committees with Transport Canada and The Ministry of Transportation, Ontario. She has acted as president and vice-president of the Ontario Chapter of the Association of Driver Rehabilitation Specialists (ADED). She is a regular presenter on issues related to drivers with medical conditions, older drivers and those requiring adaptive driving equipment. She has established an extensive network with organizations and members of the community interested in driver safety. She has collaborated on many CAOT initiatives promoting driver safety and driver rehabilitation.



EMG Committee Program Committee

Nellemarie Hyde is a registered occupational therapist, and a Certified Driver Rehabilitation Specialist (CDRS). Nellemarie found her passion the day she conducted her first driving assessment. As president

of the Ontario chapter of ADED, Nellemarie continues to share this passion through education of her peers, health professionals and the general public. In addition to her clinical and leadership roles as program coordinator at Saint Elizabeth Driver Assessment & Training, Nellemarie acts as a resource to various governmental organizations and industry related research projects, with the ultimate goal of enabling independent community mobility for all.

Meet the Team



EMG Committee Sponsorship Committee

Lisa Sheehan is the Conference and Event Manager for the Canadian Association of Occupational Therapists (CAOT).

She has been with CAOT for over 20 years and has worked many roles within the association. Lisa enjoys not only the organizing and planning of conference but working with new committees each year.



Program Committee

Brenda Vrkljan, PhD, O.T. Reg. (Ont.) is an Associate Professor of Occupational Therapy in the School of Rehabilitation Science at McMaster University, where her research focuses on aging,

medical fitness-to-drive, and transportation mobility. She was the lead investigator of the McMaster-Candrive team,

a Canadian Institutes for Health Research (CIHR)-funded initiative, which tracked over 1000 older drivers in Canada, Australia and New Zealand. At a national level, Dr. Vrkljan was a member of the Advisory Board of the National Blueprint for Injury Prevention of Older Drivers supported by the Public Health Agency of Canada. Her current research focuses on innovations that keep older adults safe behind-the-wheel, including retraining programs and advanced vehicle technologies.



Program Committee

Nathalie Drouin OTR/L, CDI, CDRS has been an Occupational Therapist for 20 years working in many different areas including acute care, pediatrics and geriatrics. She has been working in an out patient

setting for 10 years with 6 years' experience in the field of Driver Rehabilitation. Nathalie has been an active member

of ADED and has served as President of the GA/SC Chapter and as chair for the education committee and has worked in developing the Fundamentals of Driver Rehabilitation, Traffic safety, Disability and vision courses as well as presenting 6 times at National conferences. Nathalie was also on the committee to formulate and presented 2 new online courses for MedBridge (Vision and driving and Older driver). Nathalie has been involved with research as a member of a collaborative team including Roger C. Peace Rehabilitation Hospital and Clemson University.



Program Committee

Isabelle Gélinas, PhD, is an Associate Professor in the School of Physical and Occupational Therapy at McGill University. She is a researcher at the Centre for

Interdisciplinary Research in Rehabilitation in Montreal and a member of the Candrive Research Team.



Program Committee

Katelyn Bridge is a graduate of the Queen's University School of Rehabilitation Therapy Occupational Therapy program. Katelyn was the 2016-2017 CAOT

Intern, and now works as an occupational therapist in Ottawa, Ontario.

Keynote speakers



Paul Boase – “Road Safety in Canada: Now and the Plan for the Future”

9:00 to 10:00 am Room: 118A-D

Paul Boase graduated from York University in Toronto with a BA in Sociology/Psychology in 1979. In 1982, he graduated from University

of Toronto with a Master’s Degree in Psychology. In 1987, he joined the Ministry of Transportation and Communications Ontario as Assistant Research Officer, and in 1990, was promoted to Senior Research Analyst. In this capacity, he worked on the annual collision statistics as well as a number of safety related projects such as graduated licensing, administrative licence suspension and photo radar. In 1999, Paul joined Transport Canada as Chief, Road Users where he is responsible for research related to road user behaviour. Current Affiliations include: Board of Director of the Canadian Association of Road Safety Professionals (CARSP). Member of the Road Safety Research and Policy Committee of the Canadian Council of Motor Transport Administrators (CCMTA). Paul also co-chairs the Strategies to Reduce Impaired Driving (STRID) and National Occupant Restraint Program (NORP) Task Forces of CCMTA.



Christine Caron – “Taking Life Back!”

8:30 to 9:30 am Room: 118A-D

In the spring of 2013 Christine Caron, a 49-year-old single mother of four, walked into the local community hospital and in the blink of an eye, her life was changed

forever. She became known internationally as the “dog bite lady” after suffering the life altering effects of Sepsis. Christine is a woman who refuses to be defined by what has happened to her. She is very active in her recovery and has overcome many challenges and obstacles in her pursuit of independent living. In 2015, Caron returned to yoga and set her sights on driving. With the dedication of the professionals at The Ottawa Hospital Rehabilitation Centre (TOHRC) and the support of the March of Dimes Home and Vehicle Modification Program she completed the driving evaluation and hours of training required. Her beloved Hyundai Tucson was customized with hand controls, a custom steering device and remote secondary switches. Caron says that driving is important to taking her life back. Driving is freedom. Christine Caron has a background in communications and marketing in both the private and public sectors. She is a public speaker, offers peer support and volunteers with the Amputee Society of Ottawa (ASO) and TOHRC.

Team acknowledgements

Pat Underwood, CAOT Director of Communications
Chantal Houde, CAOT Communications Coordinator

Abstract Reviewers

Shah Baqar
Nathalie Drouin
Nellemarie Hyde
Jenny Nordine
Tamalea Stone

Dana Benoit
Renee Gauthier
Julie Lahaie
Natalie Quirion
Linda Varas-Brule

Katelyn Bridge
Isabelle Gélinas
Julie Lapointe
Shirley Rolin
Brenda Vrkljan

Yu-Ting Chen
Lynn Hunt
Barbara Mazer
Ruheena Sangrar
Janice Yeung

Trade Show

Exhibit Hall

Check out our trade show exhibitors showcasing their latest innovations, products and services. You will:

- Expand your national contact network of suppliers, distributors and service providers;
- Learn about and compare the latest innovative products.

Trade show hours

October 12: 10:30am-4:30pm
October 12: 5:00-7:00 pm (Welcome reception)
October 13: 7:30am-1:30pm

Session Information

The level of expertise that each presentation/session caters to (as identified by the presentation authors).

B Beginner sessions are geared towards those new to the field of driver rehabilitation or those who may be working as generalists in other practice settings where driving safety is a concern.

I Intermediate sessions cater to those with experience in driver rehabilitation, including experience with comprehensive driver evaluation, driver fitness monitoring, and low-tech vehicle adaptations.

A Advanced sessions are geared towards those with extensive experience and further training in driver rehabilitation, including the use of high-tech vehicle adaptations.

ADED credits are indicated for the sessions that qualify. A tracking sheet will be provided to participants who need to record their number of credits. Participants can accumulate up to 10.5 ADED credits during this two-day event.

The Index of Authors can be found on page 30. Authors are listed alphabetically with a session number corresponding to their presentation.

Sessions are numbered as follows:

- **T1-T11** are presented on **Thursday**
- **F1-F21** are presented on **Friday**

Note: This schedule is subject to change without notice.

Thursday October 12, 2017 – Day 1

Welcome address

8:00 to 9:15 am Room: 118A-D

Welcome words from Conference Committee, CAOT, ADED & NMEDA

Conference Committee Welcome - Tamalea Stone, Conference Chair & Julie Lapointe, Program Chair
CAOT Janet Craik, Executive Director
ADED Dan Allison, President on behalf of Elizabeth Green
Greetings from NMEDA - Chad Blake, President & Dave Hubbard, Senior Advisor to NMEDA-Canadian Liaison

Keynote speaker – Paul Boase – “Road Safety in Canada: Now and the Plan for the Future”

9:15 to 10:15 am Room: 118A-D

Paul Boase graduated from York University in Toronto with a BA in Sociology/Psychology in 1979. In 1982, he graduated from University of Toronto with a Master's Degree in Psychology. In 1987, he joined the Ministry of Transportation and Communications Ontario as Assistant Research Officer, and in 1990, was promoted to Senior

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Diamond Sponsor presentation
Sure-Grip Howell Ventures | VMI

10:15 to 10:30 am Room: 118A-D

Exhibit Hall opening

10:30 to 11:00 am Room: 106A-G

T1 Making informed clinical decisions concerning medical fitness to drive: understanding clinical roles, responsibilities, and best practices B

11:00 am to 12:30 pm Room: 118A-D

Brenda Vrkljan (McMaster University), Nellemarie Hyde, Elinor Larney

vrkljan@mcmaster.ca

1.5 hr ADED CE

With recent and expected legislative changes in terms of duty to report occurring in many provinces, occupational therapists and others are faced with the dilemma of reporting of drivers with medical impairments to transportation authorities. The primary aim of this mini-workshop is to build the capacity, confidence and comfort of frontline clinicians (e.g., primary care, community, inpatient/outpatient settings) to address the issue of driving and medical risk. Using scenarios that cross both age and diagnoses, where participants will work in small groups using the evidence presented as well as guiding questions that are informed by a 'regulator' perspective, learners will form a clinical process through which to determine a client's medical fitness-to-drive. Objectives: This workshop will: 1) describe the 3 tiers of clinical expertise in driver rehabilitation; 2) review key components of the pre-driving, evidence-based screening process 3) increase awareness of clinical roles specific to legislative requirements (i.e., mandatory vs. discretionary reporting.). Actions Undertaken: Each presenter represents a different but complementary perspective (research / expertise clinical experience / college regulatory practices). Case scenarios consider application (translation of learning) to frontline clinical situations using guiding questions and frameworks, as well as leading-edge evidence. Practice Implications: have raised the issue of having clinical training with respect to addressing this issue (e.g., see Korner-Bitenskey et al. 2010; Craik, 2011; Zur & Vrkljan, 2014). By building capacity, occupational therapists and others will continue to be clinical leaders on this issue, which is expected to increase in importance given Canada's aging population.

Learning Objectives: At the conclusion of this presentation, participants will be able to:

- Understand the 3 tiers of OT expertise in driver assessment and rehabilitation and consider where your role fits given your practice context.
- Become familiar with the key components of pre-driving screening process including a variety of evidence-based tools.
- Become aware of the OT's role in the legislative requirements for medical fitness to drive in Canada (i.e., differences between advising physicians; mandatory vs. discretionary reporting of drivers when medical fitness to drive is questioned).

T2 Clinical predictors of driving outcomes in Parkinson's: Cut points, sensitivity, specificity and predictive values B | I

11:00 to 11:20 am Room: 110

Liliana Alvarez (University of Western Ontario), Sherrilene Classen

lalvare2@uwo.ca

1 hr ADED CE

Introduction: Parkinson's disease (PD) is a common neurodegenerative disorder that impacts a person's fitness to drive. Clinicians require a sensitive and predictive battery of clinical tests to identify at-risk drivers in need of a comprehensive driving evaluation. Quantifying the optimal cut points for such tests will better equip clinicians to conduct in-office screenings. Objective: To identify clinical predictors and their optimal cut points, sensitivity, specificity and predictive values of on-road outcomes in drivers with Parkinson's. Methods: Licensed drivers with PD (N=101) underwent a comprehensive driving evaluation. We identified predictors of pass/fail outcomes through logistic regression and computed optimal cut points through receiver operating characteristic curves and corresponding Youden indexes. We calculated the predictive tests' sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV). Results: Trails B (sensitivity=.89, specificity=.74; PPV =.71; NPV =.91) and contrast sensitivity (sensitivity=.82, specificity=.63; PPV =.61; NPV =.84) emerged as significant predictors of pass vs. fail on-road outcomes. While contrast sensitivity was a dichotomous variable (cut-point not calculated), the cut point for the Trails B was 108 seconds (Area under the Curve = .86). Conclusions: Occupational therapists and driver rehabilitation specialists can benefit from implementing Trails B and contrast sensitivity assessment as part of their in-office screening to identify at-risk drivers with PD. Our findings provide practitioners with the tests' sensitivity, specificity and predictive values that can inform their clinical reasoning and evidence-based decision making.

Learning Objectives: At the conclusion of this presentation, participants will be able to:

- Apply the knowledge of cut-points as well as sensitivity, specificity and predictive values to their assessment protocols for drivers with Parkinson's disease.
- Critically appraise the literature and current practices around screening and assessment tools for drivers with neurological conditions.
- Integrate evidence-informed assessments (and appropriate cut-points) to their clinical reasoning when considering at-risk drivers with Parkinson's disease.

T3 Bioptic driving program: multidisciplinary rehab allowing low vision patients to drive safely I

11:00 to 11:20 am

Room: 106H

*Geneviève Lizé (Institut Nazareth and Louis-Braille),
Vincent Moore*

genevieve.lize.inlb@ssss.gouv.qc.ca

1 hr ADED CE

In Quebec, visual standards for driving a vehicle do not allow people with visual impairments to obtain a license. However, the Société de l'assurance automobile du Québec (SAAQ) give these people the opportunity to demonstrate that they have developed compensatory skills that enable them to drive a vehicle without being a hazard to the safety of public, despite their visual limitations. In order to help people with low vision to develop these compensatory skills, Institut Nazareth et Louis-Braille (INLB), offers a specialised program: The Bioptic Driving Program. This 15 months long program includes a preparation to driving training (3 months) and the combination of the INLB driving rehab program and the Quebec mandatory driving course (12 months). Objectives (of the program): Make optimal use of one's visual potential in anticipation of driving. Acquire knowledge and skills for an efficient use of the bioptic lens system prior to driving. Control properly and safely the knowledge and skills required to develop fitness to drive. Innovative rehab tools: Given that 95% of the information necessary for driving are visual, the rehab approach used must combine a variety of innovative means to consolidate visual compensatory skills. At INLB, the clients benefit from training on a driving simulator, virtual environment training, custom bioptic telescopic system fitting, commented driving, on-road live retroaction from an orientation and mobility specialist and, in a near future, from a computerised eye-gaze tracking technology. Practice Implications: Having to deserve potential drivers who have a wide range of needs and learning types, applying a client-centered multidisciplinary approach is crucial. Using the Disability Creation Process and an ecosystemic model enable the team to obtain a realistic and detailed portrait of the clients. Providing realistic prognosis and goals, through a results oriented approach give the opportunity to many low vision clients to become efficient drivers.

Learning Objectives: At the conclusion of the presentation, participants will:

- Recognize the specificity of the INLB bioptic driving program and its similarity with other existing programs for patient with visual disability around the world.
- Determine the selection criteria to participate in the INLB bioptic driving program.
- Distinguish the specific rehabilitation objectives and compensatory skills that the participants must learn.

T4 Clinical reasoning tool for in-clinic driving evaluations with neurological clients B

11:30 to 11:50 am

Room: 110

*Lisa Kristalovich (Vancouver Coastal Health), Melissa Austin,
Brook Rak, Sandy Leznoff*

lisa.kristalovich@vch.ca

Introduction: Occupational therapists (OTs) across different healthcare sites identified the need for a consistent in-clinic driving evaluation, including assessments, result interpretation and recommendations. Actions Taken: A clinical reasoning tool for in-clinic driving evaluations was recently developed by a working group of OTs who saw the need for increased consistency. The literature was reviewed for evidence to support the use of various assessments for the neurological population. Assessments were selected which had research evidence, or in the absence of evidence, strong clinical reasoning to support its use. Efficiency of service was considered and assessments for similar or overlapping skills were minimized. To assist with clinical reasoning and interpretation of assessment results, the Saskatchewan Psychiatric Occupational Therapy Driving Screen (SPOT-DS) was modified for use with neurological clients. The tool was trialled within the working group, and with other OTs conducting in-clinic driving evaluations, for ease of utilization. Case studies were used to determine consistency of recommendations between OTs. Practice Implications: The development of a clinical reasoning tool has resulted in a more efficient and consistent in-clinic driving evaluation between healthcare sites. It is anticipated that modifying the SPOT-DS will assist with interpretation of results and recommendations. Case studies have shown inter-rater reliability within the working group. Preliminary feedback from new and experienced OTs indicates it is a useful clinical reasoning tool. Future work includes incorporating this tool into standard practice for in-clinic driving evaluations in the neurological population.

Learning Objectives: At the conclusion of the presentation, participants will be able to:

- Identify appropriate populations for the clinical reasoning tool.
- Use the clinical reasoning tool to interpret clinical results and make recommendations.
- Implement the clinical reasoning tool into practice.

T5 A structured and progressive on-road approach for retraining the skills required for driving I

11:30 to 11:50 am

Room: 106H

Minh-Thy Truong (CIUSSSS- Site Centre de réadaptation Constance-Lethbridge), Isabelle Gélinas, Gaétan Fillion, Luc Aucoin, Renée Morin, Julie Turbide, Andréanne Guidon minhthy.truong@ssss.gouv.qc.ca

Introduction: There are few structured and integrated on-road intervention programs available to rehabilitation specialist for retraining the cognitive-perceptual skills required for driving and few studies have investigated the efficacy of the existing retraining programs. Objectives: A novel on-road intervention program, the CEDER approach, is presented with information on its clinical applicability and results of its impact on driving performance. Method: CEDER is a structured and progressive approach consisting of stimulating the cognitive-perceptual skills of the client using pictures and videos of driving scenarios, adapted commentary driving while sitting in the passenger seat and behind the wheel training. A quasi-experimental pilot study was conducted to evaluate the impact of the approach. Adult drivers (n=15) with cognitive-perceptual impairments who failed a comprehensive driving evaluation were recommended CEDER retraining. Participants were compared to a matched control group (age, sex, severity of impairments) (n=15) trained on the road using standard practices. Results: Participants found the approach very helpful for improving their driving awareness and ability. Clinicians felt that the approach is interesting and could be integrated into their practice although it is time consuming. Preliminary data did not reveal an increase in the number of pass on the on-road evaluation for the participants who underwent the CEDER approach compared to the matched controls. However, trends are observed for improvement in the performance on cognitive-perceptual tests. Conclusions: This novel intervention, which includes behind the wheel training, may be a more meaningful approach for clients who have cognitive-perceptual deficits and who want to resume driving.

Learning Objectives: At the conclusion of the presentation, participants will be able to:

- Describe the CEDER Approach, a novel approach to driving retraining.
- Discuss the applicability of the CEDER approach in their clinical practice.
- Identify clientele who may benefit from the CEDER approach.

T6 Effects of visual retraining on return to driving after acquired brain injury I

12:00 to 12:20 pm

Room: 110

*Brittany Jamieson (Alberta Health Services), Megan Metzler, Meghan Maiani
brittany.jamieson@ahs.ca*

Introduction: According to the Evidence-Based Review of Stroke Rehabilitation, "there is strong (Level 1a) evidence... that perceptual training interventions improve perceptual functioning." Does remediation of perception translate to a successful return to driving? Our multi-site outpatient neurological rehabilitation program currently offers comprehensive treatment for visual field cuts, visual processing disorders, and hemi-inattention following acquired brain injury (ABI). Tools such as the Dynavision®, Useful Field of View®, functional tasks, and computer-based training are used to remediate deficits and enable clients to meet safe driving standards. Objectives: *To identify characteristics of clients who successfully returned to driving (age, education, type of impairment). *To identify the relationship between treatment intensity and return to driving. *To improve our current treatment approach and ensure efficient allocation of resources. *To determine the impact of visual retraining on secondary client goals (productivity and IADL performance). Actions Undertaken: Pre- and post- perceptual intervention measures of visual perception, visual attention, and process speed are routinely collected in our outpatient program. Chart reviews were completed and clients were contacted after discharge to identify whether they were successful in returning to driving. Practice Implications: Providing the right intensity of visual retraining is essential to effectively meet client goals for IADL performance and return to driving. In addition, it is important to understand factors that influence successful return to driving in a publicly funded environment. Programs are becoming increasingly accountable for functional outcomes associated with resource use. Further, developing achievable and realistic client goals is a key component of our current program.

Learning Objectives: At the conclusion of this activity, participants will be able to:

- Implement visual/perceptual treatment activities that may contribute to improved IADL performance and return to driving.
- Identify client factors that may impact their ability to return to driving.

T7 Bénéfices d'un entraînement sur simulateur pour l'apprentissage à l'utilisation d'aides techniques pour la conduite B | I | A

12:00 to 12 :20 pm

Room: 106H

Mélanie Couture (CIUSSS de la Capitale Nationale), Isabelle Gélinas, Claude Vincent, François Routhier
melanie.couture.ciuussscn@ssss.gouv.qc.ca

Introduction: Lorsque des aides techniques à la conduite automobile sont requises pour pallier aux incapacités motrices, des entraînements sur la route sont recommandés par l'ergothérapeute pour développer les habiletés d'utilisation de celles-ci. Bien que le simulateur de conduite permette l'entraînement avec des aides techniques à la conduite dans un environnement contrôlé sécuritaire, aucune étude visant à évaluer son efficacité n'a été recensée. Objectif : Évaluer si l'utilisation d'un simulateur est plus avantageuse que l'entraînement régulier sur route auprès de nouveaux usagers présentant des incapacités motrices et nécessitant des aides techniques à la conduite. Méthodes Les participants du groupe expérimental (n=15), présentant une incapacité motrice (diagnostics variés) et nécessitant l'utilisation de nouvelles aides techniques à la conduite automobile ont reçu un entraînement sur simulateur (2 séances/semaine, nombre adapté à chaque usager). Un test routier a été administré suite à l'entraînement. Leur performance sur route et le nombre de séances d'entraînement seront comparés à un groupe contrôle (apparié en fonction de l'âge, du sexe et du type d'aide technique) ayant reçu un entraînement conventionnel sur route. Résultats préliminaires À ce jour, 50% (6/12) des participants ayant complété l'entraînement sur simulateur ont réussi le test routier. Chez les sujets ayant échoué le test routier, des difficultés cognitives ont été observées. La comparaison avec le groupe contrôle ainsi que la satisfaction des participants seront aussi présentées lors de la conférence. Conclusions Les données préliminaires indiquent que le simulateur est aussi bénéfique que l'entraînement sur route pour les gens ne présentant pas de difficultés cognitives.

Objectifs d'apprentissage : Les participants pourront:

- Évaluer si l'utilisation d'un simulateur est plus avantageuse que l'entraînement régulier sur route auprès de nouveaux usagers présentant des incapacités motrices et nécessitant des aides techniques à la conduite.

T8 Occupational Therapists and Driving Instructors Working Together in a Driver Rehabilitation Program I | A

1:30 to 4:45 pm

Room: 118A-D

Wendy Nieuwland (Skill Builders Physiotherapy and Rehabilitation Centre), Brent Turner
wendy@skillbuildersrehab.com

3 hr ADED CE

This 3-hour workshop will involve reviewing good team work between rehab driving instructors and Occupational Therapists. Efficient communication prior to the on-road evaluation and effective co-evaluation while conducting on-road evaluations is a must. The OT and LDI must synthesize and coordinate the data to communicate the recommendations. Having confidence in the data collected and being able to understand why you will recommend what you recommend, is very important to the client's acceptance of your recommendation. Participants will learn about when and when not to offer training and what evidence can be collected to justify their decisions in this regard. Once training commences, OTs and driving instructors continue to be in good communication and strategies are recommended to facilitate this. Driving instructors will learn what and how to document rehab driving lessons since they are different than what is required for documenting teaching with new drivers without medical conditions. Gathering the necessary objective information, collaborating and then being able to synthesize it, allows both the driving instructor and OT to feel confident as they provide feedback and recommendations to the client. Actions Taken: This will be a didactic format with much opportunity for participant interaction and discussion.

Learning Objectives: At the conclusion of this workshop, participants will be able to:

- List what the driving instructor needs to know prior to the on-road portion of the driving assessment.
- Organize how and why to gather their data during the assessment.
- Plan how to efficiently discuss on-road findings to synthesize data to provide specific feedback and recommendations.



Lunch in Exhibit hall

12:30 to 1:30 pm

Room: 106A-G

T9 Electronic Driving Observation Schedule (eDOS)**3-part symposium B | I | A****1:30 to 3:00 pm****Room: 110****1.5 hr ADED CE**

Part 1 – Development of a Naturalistic Approach to Examining On-Road Performance in Older Drivers

Isabelle Gélinas (McGill University) Barbara Mazer, Yu-Ting Chen, Brenda Vrkljan, Kinga Elias, Shawn Marshall, Judith Charlton, Sjaan Koppel
isabelle.gelinas@mcgill.ca

Introduction: As the population of older drivers increases, developing tools to accurately detect at-risk driving behaviors is crucial. The on-road assessment is an important clinical tool and commonly includes driving on a standard unfamiliar route. The Electronic Driving Observation Schedule (eDOS) was developed to systematically observe and rate naturalistic driving performance as clients drive in their own vehicle on roads familiar to and chosen by them. Objectives: To present the development of the eDOS and describe the driving environment and performance for a cohort of older drivers. Methods: The eDOS was developed on 158 older drivers (>74 years) from three Canadian regions (Montreal, Hamilton, Ottawa). Participants drove in their own car from their homes for 20-30 minutes. Behind-the-wheel behavior (e.g. intersections, lane-change, merging) was recorded in real-time alongside the driving environment (speed limit, traffic, lanes) using HD cameras, GPS, and the eDOS scoring form. Results: On average, participants (male: 69.3%; age: mean=80.4) completed the eDOS driving task in 25.5 minutes and drove 13.0 km. They negotiated 32.5 intersections, completed 7.7 lane-changes, 1.3 merges and 3.2 low speed maneuvers. Detailed analysis of participants' behaviors during these maneuvers revealed few errors (intersection: 6.0%; lane-change: 13.5%; merge: 10.1%; low speed maneuvers: 7.8%). Results for driving behavior/errors in relation to normative data and changes over time will be presented. Conclusions: An ecologically valid approach to assessing on-road performance is an alternative to standard on-road evaluations, providing driving rehabilitation specialists accurate information on everyday driving. This can assist with making clinical decisions regarding driving safety.

Learning Objectives: At the conclusion of this activity, participants will be able to

- Describe the eDOS, a novel approach to observing and rating on-road performance in the community.
- Discuss the applicability of the eDOS approach in clinical practice.

Part 2 - Self-Awareness and Driving in Older Drivers

Yu-Ting Chen (McGill University), Isabelle Gélinas, Barbara Mazer

yu-ting.chen@mail.mcgill.ca

Introduction: Accurate self-awareness of driving ability is associated with appropriate modification of driving behaviors, resulting in extension of safe driving. Objective: To examine the association between older adults' perceived driving ability and driving performance on a naturalistic driving observation, and to determine the factors related to self-awareness. Methods: Older drivers (>74 years) were recruited from three Canadian sites. Driving performance was assessed twice over one year using the electronic Driving Observation Schedule (eDOS) during a 20-30-minute drive from the participant's home. Higher total eDOS scores indicate lower rate of driving errors (max=100). The Perceived Driving Ability (PDA) questionnaire was administered to determine self-perception of current driving ability and change in driving ability over the previous 10 years. Higher scores indicate better perceived driving ability or less change (max=45). Cognitive function was assessed using the Mini-Mental State Examination. Results: 158 older drivers participated. Average PDA-current and PDA-change scores were 35.4 and 27.4, respectively (SD=5.3 and 3.9). Average eDOS scores declined from 89.3 at T1 (SD=9.6) to 73.4 (SD=12.4) at T2 (t=9.53, p<0.0001). PDA change scores were significantly correlated with change in eDOS total scores (r=-0.3, p=.02). Lower visuospatial function tends to be associated with overestimation of driving performance. Conclusions: Older adults perceived their driving ability had declined slightly over 10 years, but were still competent to drive. Nevertheless, their observed driving performance had significantly declined over one year. Participants who perceived less change in driving ability had greater decline in driving performance over one year.

Learning Objectives: At the conclusion of this activity, participants will be able to:

- Examine the association between older adults' perceived driving ability and driving performance on a naturalistic driving observation.
- Determine the factors related to self-awareness

Part 3 – Retraining the Driving Skills of Seniors: An evidence-based approach to improve behind-the-wheel performance

Ruheena Sangrar (McMaster University), Mike Cammarata, Lauren Griffith, Jessica Gish, Brenda Vrkljan
sangrarr@mcmaster.ca

Rationale: To date, a three-tiered level of clinical expertise to driving assessment and rehabilitation has been generally accepted (i.e., OT-Generalist, OT-Advanced, and OT-Advanced Specialist [1]). We propose an additional area of expertise at the generalist level that focuses on health promotion and prevention using an evidence-based approach aimed at improving behind-the-wheel habits of older drivers. This program is delivered in partnership with driving schools and offers a unique role for OTs in terms of health promotion. Objective: To describe the development of the electronic Driver Observation Schedule (eDOS) as part of a retraining program that brings OTs and driving instructors together to administer an evidence-based refresher program. Methods: The eDOS is the first measure designed to track the everyday driving behaviors of older drivers in their own vehicles along routes determined by them. Using the eDOS as part of retraining, areas in need of improvement are determined based on actual performance from video and GPS analysis. The retraining program will involve approximately 50 older drivers and include analysis of demographic and driving-related questionnaires (e.g., Driving Comfort Scales, Perceived Driving Abilities). Results: Evidence using participant case studies will exemplify the utility of the retraining program. Implementation of this program including the process of establishing the OT-driving school partnership will be outlined. Conclusions: With the aging of Canada's population, leveraging partnerships with driving schools and others will ensure OTs are well-positioned to develop programs that promote behind-the-wheel performance as well as address issues that arise along the mobility trajectory.

Learning Objectives: At the conclusion of this activity, participants will be able to:

- Understand the role of OT-Generalists in promoting driver retraining and community mobility in older adults.
- Consider the perspectives of older adults, driving instructors, and others as partners in the development of a health intervention aimed at promoting driving ability and community mobility.

T10 Securement & Mobility Device Training B | I

1:30 to 4:45 pm

Room: 106H

Darren Reaume (Q'Straint)

DReaume@qstraint.com

3 hr ADED CE

The landscape of mobility device transportation is changing dramatically with the development of new standards aimed at finally making wheelchairs and securement equipment more compatible. We will explore these regulation changes, while also providing an overview of the range of securement equipment currently available. Finally, we will provide the attendees the tools to both select the safest combination of securement equipment and mobility device for their clients, and to develop an effective plan of attack to secure the most difficult mobility devices that don't yet comply with the new standards. Learning Objectives: Attendees will be able to: analyze and explain the relevance of the new wheelchair securement best practice standard, ANSI/RESNA WC18, and related ANSI/RESNA WC19; compare and differentiate between the various types of securement equipment, occupant restraints, and docking systems; assess difficult to secure mobility device mobility devices and formulate a protocol for evaluating their ability to be safely secured during transport; and develop a plan for procuring a vehicle and mobility device for their clients that will work seamlessly together to maximize safety during transport.

Learning Objectives: At the conclusion of this training, participants will be able to:

- Analyze and explain the relevance of the new wheelchair securement best practice standard, ANSI/RESNA WC18, and related ANSI/RESNA WC19.
- Compare and differentiate between the various types of securement equipment, occupant restraints, and docking systems.
- Assess difficult to secure mobility devices and formulate a protocol for evaluating their ability to be safely secured during transport.
- Develop a plan for procuring a vehicle and mobility devices for their clients that will work seamlessly together to maximize safety during transport.

T11 Occupational Therapy Process Enabling Participation in Driving B | I | A

3:15 to 4:45 pm

Room: 110

Ana Holowaychuk (Glenrose Rehabilitation Hospital),
Katie Churchill, Debra Froese, Cherie Henderson

ana.holowaychuk@ahs.ca

1.5 hr ADED CE

Driving is a valued occupation many Canadians perceive as being crucial to their independence. Enabling safety and independence in driving can be a challenging area of practice for occupational therapists (OTs). Services provided should reflect current best practices, maximize resources and be consistent with the occupational therapists' level of competence. Participants will: Become familiar with the Occupational Therapy Process Enabling Safe Participation in Driving, an algorithm and accompanying appendices guiding OTs through the process of enabling safe driving; Obtain a greater understanding of best practices as applied to the different tiers of assessment; Have the opportunity to apply the algorithm to case studies. The recently updated algorithm is based on current best practices and changes to the CCMTA guidelines. Participants will have the opportunity to apply it utilizing case studies. Occupational therapists will benefit from having a clear process to identify and address driving concerns that reflect current

best practices. Understanding roles within the different assessment tiers will facilitate optimal use of resources. As processes and roles are defined, gaps in services can be identified and addressed through education and consultation with experienced clinicians. Modifications to materials can be made to reflect local legislation and resources. Enabling safety and independence in driving can be a challenging area of practice for occupational therapists (OTs). Occupational Therapy Process Enabling Safe Participation in Driving, an algorithm and accompanying appendices, reflect current best practices and will help guide OTs through the process of enabling safe driving.

Learning Objectives: At the conclusion of this activity, participants will be able to:

- Be familiar with the Occupational Therapy Practice Guide for Enabling Participation in Driving (Algorithm and accompanying Appendixes).
- Explore the impact of increased emphasis on functional assessment within the Canadian Council of Motor Transport Administrators (CCMTA) guidelines.
- Identify best practices associated with the three tiers of driving assessment and intervention.

Friday October 13, 2017 – Day 2



Breakfast in Exhibit hall

7:30 to 8:30 am

Room: 106A-G

Keynote speaker – Christine Caron – “Taking Life Back!”

8:30 to 9:30 am

Room: 118A-D

In the spring of 2013 Christine Caron, a 49-year-old single mother of four, walked into the local community hospital and in the blink of an eye, her life was changed forever. She became known internationally as the “dog bite lady” after suffering the life altering effects of Sepsis. Christine is a woman who refuses to be defined by what has happened to her. She is very active in her recovery and has overcome many challenges and obstacles in her pursuit of independent living. In 2015, Caron returned to yoga and set her sights on driving. With the dedication of the

professionals at The Ottawa Hospital Rehabilitation Centre (TOHRC) and the support of the March of Dimes Home and Vehicle Modification Program she completed the driving evaluation and hours of training required. Her beloved Hyundai Tucson was customized with hand controls, a custom steering device and remote secondary switches. Caron says that driving is important to taking her life back. Driving is freedom. Christine Caron has a background in communications and marketing in both the private and public sectors. She is a public speaker, offers peer support and volunteers with the Amputee Society of Ottawa (ASO) and TOHRC.



Morning break in Exhibit hall

9:30 to 10:00 am

Room: 106A-G

F1 Giving Feedback to your Clients after the Driving Evaluation - Dos and Don'ts B | I | A

10:00 to 11:00 am Room: 118A-D

Wendy Nieuwland (Skill Builders Physiotherapy and Rehabilitation Centre), Brent Turner, Maria Wright, Shah Baqar, Lisa Clubb

wendy@skillbuildersrehab.com

1 hr ADED CE

This 60-minute session will provide a panel of Occupational Therapists and driving instructors who have been involved in the field of driver rehab for many years. Over their years, they have gained valuable insight into the do's and don'ts when giving feedback to clients and their family members. Honing your analysis skills and being able to deliver the results in a concise yet compassionate manner is the key. Remaining professional yet empathetic while having the confidence in what you have collected and what you recommend, is very important to the client's acceptance of your recommendation. Then, how you present this vital information in a manner that the client and family member can understand is the key to successfully providing feedback. It is very important that the client is provided with specific feedback and recommendations in a confident manner. Both the OT and the driving instructor play an important role at the end of the assessment when it is time to provide the feedback. Actions Taken: This will involve a short didactic format and the presenters will role play several scenarios to aid the participants learning.

Learning objectives: At the conclusion of this extended discussion, participants will:

- List the pitfalls to avoid when providing feedback to clients.
- Observe the use of increased empathy, using really good words that help clients to understand the recommendations that driver evaluators make.
- Learn to detect varying degrees of insight with their client and/or family member so that their method of how they provide the feedback can be adjusted appropriately.

F2 The Candrive Older Driver Study: Prospective changes in health characteristics and their impact on the derivation of the Older Driver Risk Stratification Tool

I | A

10:00 to 10:20 am

Room: 110

Shawn Marshall (Ottawa Hospital), Barbara Mazer, Isabelle Gélinas, Brenda Vrkljan, Akram Alakel, Gary Naglie, Michelle Porter, Holly Tuokko, Mark Rapoport, Michel Bédard
smarshall@toh.ca

Introduction: The CIHR Team in Driving in Older Persons (Candrive II) Research Program began enrolment of 928 older drivers in 2009 with the aim of prospectively following drivers over age 70 for 5 years. Objectives: 1. To describe the health-related function and quality of life changes in older drivers over the course of five years. 2. Identification of variables to inform the derivation of an Older Driver Risk Stratification Tool. Methods: 928 drivers age 70 and older were recruited across 6 Canadian sites. Participants underwent comprehensive 2 hour annual assessments including measures of health, driving attitudes, habits and comfort, physical and cognitive screening measures. Participant vehicles were instrumented with in car recording devices. The primary outcome was at fault collision. Results: Over the first 5 years of the study, participants demonstrated significant changes in health status with increased number of health conditions reported ($p < 0.001$) and number of medications used ($p < 0.001$). There were declines on tests of physical functioning including the Rapid Pace Walk Test ($p < 0.001$). GEE, univariate analysis revealed 81 variables with a significance of $p < 0.1$. Planned multivariate analysis will lead to derivation of an older driver risk stratification tool that will allow for informed decision making regarding fitness to drive. Conclusion: At 5 years post enrollment, the Candrive cohort demonstrates statistically significant changes in function, physical measures, driving comfort and perceived driving abilities. Further ongoing analysis these variables will assist in deriving an objective risk stratification tool that can be used by clinicians in an outpatient clinic setting.

Learning objectives: At the conclusion of this presentation, participants will be able to:

- Describe the health-related function and quality of life changes in older drivers over the course of five years.
- Understand the variables that were included in the Older Driver Risk Stratification Tool.

F3 Conducting Wheelchair Transportation**Assessments Course (NMEDA) B | I**

9:30 am to 12:30 pm Room: 106H

Ashley Crook (*Sure Grip*), Lynn Hunt

plucas@nmeda.org

3 hr ADED CE

Through this 3-hour workshop, participants will be able to: to identify appropriate vehicle modifications for wheelchair & scooter access; discuss appropriate equipment for occupied wheelchair & scooter tie downs; identify appropriate equipment for transporting unoccupied wheelchair & scooters; refer to relevant safety guidelines and standards; and identify available sources to assure the most effective wheeled mobility transportation outcomes.

Learning objectives: At the conclusion of the presentation, participants will be able to:

- Identify appropriate vehicle modifications for wheelchair & scooter access
- Discuss appropriate equipment for occupied wheelchair & scooter tie downs
- Identify appropriate equipment for transporting unoccupied wheelchair & scooters

F4 Driving retirement interventions in occupational therapy: a scoping review B

10:30 to 10:50 am Room: 110

Katelyn Bridge (*Canadian Association of Occupational Therapists*), Julie Lapointe

kbridge@caot.ca

Introduction: Driving retirement is a growing issue given Canada's current aging population. Research results indicate that older adults are often unprepared for this transition (Coxon & Keay, 2015). Occupational therapists are well-positioned to reduce negative outcomes often associated with driving retirement such as decreased community engagement and increased risk for depression (Chihuri et al., 2016; Marottoli et al., 2000). To do so, they need to base their interventions and/or programs on best available evidence. Objectives: To review existing literature on driving retirement interventions and/or programs. Methods: A scoping review was completed to chart and synthesize existing literature on driving retirement. Articles were identified through electronic databases (Pubmed and Embase) and articles were selected if they were in English and focused on or discussed driving retirement. A thematic analysis has been used to examine and combine study findings. Results: The database searches lead to a total of 20 articles relevant to informing driving retirement

interventions. Articles selected fell into four themes: outcomes of driving retirement (n=5), perceived barriers to driving retirement (n=2), suggestions for driving retirement interventions (n=3), and description and evaluation of existing programs (n=10). Programs and interventions were often delivered in a group format and addressed both practical and emotional concerns associated with driving retirement. Conclusions: Limited evidence has been published on the topic of driving retirement. This synthesis of existing publications will be valuable for occupational therapists interested in developing and implementing driving retirement interventions and/or programs.

Learning objectives: At the conclusion of this session, participants will be able to:

- Describe the concept of driving retirement.
- Explain evidence and existing interventions related to driving retirement to inform their own practice.
- Recognize the role of occupational therapists in supporting clients through the process of driving retirement.

F5 Development of a decision tree to guide recommendations following clinical driving assessments I | A

11:00 to 11:20 am Room: 118A-D

Ana Holowaychuk (*Glenrose Rehabilitation Hospital*)

ana.holowaychuk@ahs.ca

Occupational Therapists (OTs) reported decreased confidence around making recommendations following clinical driving assessments. They reported a guide would be beneficial for supporting decision making. Unfortunately, there did not appear to be an existing tool within clinical practice given the complexity of driving assessment and the unique aspects associated with different diagnostic groups. As a result, a decision tree was developed related to the different components of the clinical driving assessment. The purpose of this was to: 1) Support decision making of the OTs completing clinical assessments, 2) Act as a reference for OTs who are new to this area of practice, 3) Determine whether a decision tree would be beneficial for other sites. The OTs completing clinical assessments were oriented to the decision trees and they were trialed over a six-month period. Following this period, the group was surveyed regarding their utility within this domain. The OTs reported the tool was beneficial during initial orientation to improve their confidence making recommendations.

Learning objectives: At the conclusion of this activity, participants will be able to:

Friday F6 - F7

- Demonstrate an awareness of the clinical decision-making trees.
- Evaluate the utility of application of the decision trees at their site.
- Provide feedback for further development of resources related to clinical decision making for clinical driving assessments.

F6 Restricted Licensing: Let's Talk **B | I | A**

11:00 am to 12:00 pm Room: 110

*Alyssa Merilees (Constance-Lethbridge Rehabilitation Centre),
Dana Benoit*

amerilees@hotmail.com

1 hr ADED CE

It is a well-established practice that new drivers follow a graduated path to achieve full driving privileges. What about at the other end of the spectrum? Physiological changes associated with normal aging can have a detrimental impact on driving safety. Should a graduated path to driving retirement (cessation) be considered? What about a 45 year old stroke survivor who presents with a slowed visual perceptual speed and has difficulty driving in an unfamiliar territory? Should their license be revoked? Should we expect a driver to be able to drive in any context or environment in order to maintain their driving privileges? Can we rely on a driver's own self-limiting practices or compensatory strategies in order to ensure their driving safety, or should we restrict their driver's license depending on their functional capacities? **Actions Undertaken:** In this session, a summary of current research evidence on the topics of self-regulatory driving behaviours, restricted licenses and the concept of graduated delicensing will be presented. Advantages and potential challenges of restricted licensing will be discussed to determine when this is an appropriate solution to safely maintain driving privileges.

Learning objectives: At the end of this session, participants will be able to:

- Identify the potential benefits and barriers toward the implementation of restricted licenses.
- Identify when restricted licensing is an appropriate solution to safely maintain driving privileges.

F7 Community mobility and driving services for youth with physical challenges **I**

11:30 to 11:50 am

Room: 118A-D

*Patricia O'Krafka (Alberta Health Services), Christina Yu
Patricia.O'Krafka@albertahealthservices.ca*

Objectives: Participants will understand the steps used in developing a community mobility and driving service for youth with physical challenges. Use of a clinical reference paper, a logic model, an evaluation plan, a flow sheet, and tracking mechanisms will be described. **Actions Undertaken:** Consequences of reduced community mobility impacts employment, leisure activities, post-secondary pursuits and other instrumental activities of daily living. Methods were employed to ensure youth maximized their potential to drive or use community mobility in a timely manner. A clinical reference paper contributed to the development of the driving service with key findings that novice drivers differ radically from more experienced drivers [1], that youth with physical challenges take longer to learn the driving task [2,3] and that strategic interventions of higher order cognitive processing are of benefit for inexperienced drivers[4]. A logic model and evaluation plan guided development of the service by defining outcomes and measures. This presentation will highlight the clinical services outlined in this model including consultation, screening, assessment, intervention, and referrals through use of a flow sheet and the tracking of youth progress. **Practice Implications:** Due to the lack of knowledge of effective assessments and intervention in the area of youth with physical challenges and the activity of driving, it is important to create a measurable method of service delivery, infusing evaluation. Understanding the steps involved in the driving process for youth and documenting progress will inform best practice.

Learning objectives: At the end of this session, participants will be able to:

- Describe the steps involved in the driving process for youth.
- Identify the process used in developing a community mobility and driving service for youth with physical challenges.

F8 Poster presentation**Assessing medically at risk drivers in a rural community: a pilot study B**

12:00 to 12:30 pm Room: 118E

Christine Gregoire Gau (Alberta Health Services), Katie Churchill, Alina Schneider
christine.gregoiregau@albertahealthservices.ca

Introduction: Driving provides a mechanism for community engagement for people living in rural and remote areas. The inability to drive can mean social isolation and have negative health consequences (Marotolli et al., 1997; 2000). A Comprehensive Driving Evaluation (CDE) is a method to evaluate medical Fitness to Drive (FTD) in the client's own community. Objectives: This descriptive, prospective study is evaluating the in-clinic and on-road performance of medically at risk drivers in a rural community. The secondary objective is to evaluate the quality of life of those individuals who have been provided a recommendation of driving cessation.

F9 Poster presentation**Reliability and validity of the ScanCourse among individuals with neurological conditions B**

12:00 to 12:30 pm Room: 118E

Lisa Kristalovich (GF Strong Rehabilitation Centre), Paige Lund, Caitlyn Moir, Ben Mortenson
lisa.kristalovich@vch.ca

Introduction: The ScanCourse is a component of the Brain Injury Visual Assessment Battery for Adults (biVABA) which evaluates an individual's visual scanning ability during ambulation (Warren, 2006). This assessment is used in driver rehabilitation, and other occupational therapy areas. Currently, there is no standardized method of administration of the ScanCourse, and its reliability and validity have not been assessed. Objectives: This study aims to examine whether the ScanCourse is a reliable measure, and to evaluate its construct validity, for use with individuals with neurological impairments. Methods: 70 clients with neurological conditions, such as brain injury, stroke, or Parkinson's disease, who are able to communicate verbally or through pointing and are able to ambulate independently, will be recruited. The ScanCourse will be administered twice within a 2-week period to assess test-retest reliability. On one of these sessions, a second rater will be present to allow us to assess interrater reliability. Finally, comparing the results of the ScanCourse to results of the Bells Test and Trails A & B will allow us to assess construct validity. Results: If the ScanCourse is found to be a reliable

and valid measure, its use with individuals with neurological impairments will be supported. Conclusions: This research is ongoing; however, we predict that the ScanCourse will have high test-retest reliability, interrater reliability, and construct validity. This research will lay the groundwork for future studies regarding the validity of the ScanCourse for predicting driving capacity.

F10 Poster presentation**Enabling safety, health and well-being for drivers with musculoskeletal conditions B | I | A**

12:00 to 12:30 pm Room: 118E

Julie Lapointe (Canadian Association of Occupational Therapists), Tamalea Stone, Janet Craik
practice@caot.ca

Background: Drivers with arthritis may experience multiple body impairments that can affect safe operation of a motor vehicle. However, there is a paucity of specific information and resources to support these drivers. To answer to this unmet need, the Canadian Association of Occupational Therapists (CAOT) has spearheaded the National Blueprint for Injury Prevention in Drivers with Arthritis, a strategic action plan to advance research, practice, education and policy for injury prevention for drivers with arthritis. Objective: To present the results of the scoping review and the strategic action plan developed through the National Blueprint for Injury Prevention in Drivers with Arthritis. Results: Since 2006, CAOT has led national, collaborative actions for injury prevention in older drivers and has offered Internet resources, community outreach activities as well as advanced training to more than 1,000 professionals. CAOT received a planning and dissemination grant to conduct a scoping review and assemble a group of experts and key stakeholders committed to advance driving safety for people with arthritis. This group analyzed the results of the scoping review, participated to Delphi rounds and attended a one-day in-person meeting in May 2016 to develop this National Blueprint. Conclusion: The input of several professionals is instrumental in addressing the needs of this growing population of drivers. The National Blueprint for Injury Prevention in Drivers with Arthritis will inspire collaborative actions in addressing the most pressing needs to contribute to the safety, health and well-being of drivers with musculoskeletal conditions.

F11 Poster presentation

Visual attention cut-points predicting fitness to drive in Parkinson's disease B | I | A

12:00 to 12:30 pm Room: 118E

Karla Crawford (Queen Elizabeth Hospital), Sara Jenniex, Sherrilene Classen
kmcrawford@ihis.org

Introduction. Although visual attention affects fitness to drive in Parkinson's disease (PD), no study has yet controlled for the effects of age, gender, and disease severity when combined with the Useful Field of View™ Risk Index (UFOV RI) (Crizzle, Classen, & Uc, 2012) in predicting on-road outcomes. Objectives. This study determined if visual attention, measured by the UFOV RI, and modelled with age and gender, is an early and persistent impairment in PD; and if it is indicative of on-road pass/fail outcomes, regardless of disease severity (mild/moderate vs. severe). Methods. 101 PD and 138 healthy control (HC) drivers underwent a comprehensive driving evaluation administered by an occupational therapist Certified Driver Rehabilitation Specialist. Logistic regression and receiver operator characteristic curves predicted on-road outcomes and determined optimal UFOV RI cut-points. Results. The UFOV RI, modelled with age and gender, significantly predicts on-road pass/fail outcomes in PD and HC drivers; but is more consistently impaired in PD drivers. A UFOV RI cut-point 3 (moderate crash risk), demonstrates the best combination of sensitivity (.70), specificity (.77), positive predictive value (.69), negative predictive value (.79), misclassifications (n=25), and error (.53) for PD drivers. The area under the curve for the UFOV RI did not discriminate among disease severity. Conclusions. Visual attention, measured by the UFOV RI (with age and gender), is more consistently impaired in PD (regardless of disease severity) than HC drivers. These results informs clinicians of evidence-based information when assessing fitness to drive in drivers with PD.

F12 Poster presentation

Utilizing implementation science to guide training and coaching for occupational therapists completing driving assessments B | I

12:00 to 12:30 pm Room: 118E

Ana Holowaychuk (Glenrose Rehabilitation Hospital), Yolan Parrott
ana.holowaychuk@ahs.ca

Clinical driving assessments were restructured to reflect current best practices. Upon evaluation, 86% of

Occupational Therapists (OTs) completing clinical driving assessments expressed an interest in further training regarding assessment administration and 71% reported further training around interpretation of assessment would be beneficial. To support effective application of evidence into practice, National Implementation Research Network (NIRN) implementation Science was adopted. Objectives for this process were: To facilitate evidence based training and coaching of OTs completing clinical driving assessments utilizing NIRN Implementation Science; To enhance the capacity and confidence of OTs completing driving assessments; To develop materials and processes that may benefit multiple sites. NIRN implementation Science system drivers were used to develop the training and coaching protocol. The training and coaching protocol included dedicated on site in-servicing, provision of resource binders, one on one observation of a coach followed by reverse observation of the training therapist. Following training and coaching 100% of staff reported sufficient understanding of roles and responsibilities and felt the level of coaching and training was adequate. Further suggestions were provided for development of educational materials which could potentially be used at multiple sites. The training and coaching protocol allowed for consistent and thorough training of staff. The process facilitated evaluation of staff consistency and competency which can be difficult in traditional training. OTs reported positive feedback regarding the protocol and enhanced understanding and confidence administering clinical driving assessments.

F13 Poster presentation

A systematic review of insufficient sleep and shift worker fitness-to-drive B | I | A

12:00 to 12:30 pm Room: 118E

Melissa Knott (University of Western Ontario), Sherrilene Classen, Sarah Krasniuk, Marisa Surmacz, Liliana Alvarez
mknott@uwo.ca

Introduction: A significant number of Canadian workers are employed in shift work. Complaints of disrupted sleep and sleepiness are common in shift workers and are associated with an increased risk of road traffic injuries and fatalities (Stutts et al., 2003). Despite these risks, the determinants of fitness-to-drive (FTD) and driving performance (DP) have yet to be established in this group. Objectives: Authors completed a systematic literature review (SLR) to identify determinants underlying FTD and DP in shift workers with insufficient sleep. Following critical appraisal the literature (e.g, level of evidence, degree of confidence) authors made recommendations pertinent to clinical practice, research,

and policy. Methods: A team of four reviewers utilized Cooper & Hedges (2009) framework: 1) formulate the problem, 2) locate and select studies, 3) data collection, 4) critical appraisal 5) analyze and present data, 6) interpret results, 7) information dissemination. Results: Initially, 1289 articles were obtained, with 528 unique articles remaining for the screening and critical appraisal. Results include evidence tables detailing relevant studies and level of evidence. Recommendations regarding the determinants underlying FTD and DP will be made for clinical practice, research, and policy, considering degree of confidence in the literature. Conclusions: Shift workers are at increased risk for motor vehicle crashes, yet determinants of FTD have not yet been established for this group. This SLR synthesizes and appraises existing evidence for occupational therapists, driving school instructors, researchers, and policy makers. Results of this SLR will enhance integration of evidence-informed practice, clinical reasoning, and policy within driver rehabilitation.

F14 Poster presentation

A textbook review: Best evidence and best practices in driving simulation (in press) B | I

12:00 to 12:30 pm Room: 118E

Behtan Blackburn (Western University), Hillary Hamilton, Bri Marshall, Nicole Mazgola, Aileen McAleese, Jocelyn Schubert, Andrea Trebilcock, Melissa Knott, Sherrilene Classen
bblackb@uwo.ca

Introduction: In driving rehabilitation practice, driving simulators are a rapidly developing technology commonly integrated into the screening, assessment, intervention, and training process to enable driving performance. Reviewers compiled a critical appraisal and book review of the current research and best practices in driving rehabilitation put forth in the textbook entitled: *Best Evidence and Best Practices in Driving Simulation: A Guide for Health Care Professionals (in press)*. Objectives: First, reviewers critically appraised each textbook chapter to provide constructive feedback about its utility for driving rehabilitation professionals. Second, reviewers evaluated the textbook's accuracy and effectiveness with respect to implementing driving simulators in practice. Third, reviewers compiled an evidence-informed, scholarly book review to outline their insights into the textbook's advantages and limitations in practice and research. Actions Undertaken: Reviewers critically appraised each chapter's clinical relevance, objectivity, references, accuracy, writing style, and learning features. In combination with editor, technical editor, and content review feedback, the critical appraisal was

integrated into textbook development. Next, following published guidelines, reviewers prepared a scholarly textbook review of the textbook's utility (Lee, Green, Johnson, & Nyquist, 2010). Practice Implications: The critical appraisal process contributed to the textbook's clinical utility and content accuracy, and the resulting scholarly textbook review informs driver rehabilitation professionals, and others (e.g. administrators) of the textbook's utility in practice and research. The review concludes that occupational therapists, driver rehabilitation specialists, and driving school instructors alike can benefit from the current research, best practice guidelines, and practical examples highlighted in the textbook.

F15 Poster presentation

Creation of a profile of driving comfort for older drivers B

12:00 to 12:30 pm Room: 118E

Ruheena Sangrar (McMaster University), Michael Cammarata, Lauren Griffith, Lori Letts, Brenda Vrkljan
sangrarr@mcmaster.ca

Introduction: Drivers aged ≥ 65 years are the fastest growing segment of the Canadian driving population, with a four-fold increase in the last two decades. Older drivers are more likely to avoid driving in certain situations, such as busy highways or during inclement weather. Objective: The purpose of this study was to profile demographic characteristics and driving comfort and confidence of older drivers. Methods: Data from a Canadian in-vehicle study of older drivers will be analyzed using descriptive statistics to generate demographic and driving comfort profiles. Data will be stratified by age, gender, and driving frequency and duration. Results: Preliminary results of a pilot study ($n=15$) highlighted differences in male and female driver profiles with respect to demographic household structure and income. On average, older female drivers drove as often (frequency) and for as long (duration) as older male drivers. However, the older women in this group demonstrated lower driving confidence in day time and night time driving, as well as in varied weather and traffic conditions. Conclusion: Decreased driving confidence and comfort, unsafe driving habits, health-related changes due to aging and medical conditions have all been associated with higher crash rates in our aging population. A comparative profile of older drivers can inform the development of driving interventions aimed at increasing older drivers' comfort and confidence on the road. Further understanding of older drivers, will be important in designing driving retraining programs, given the growing challenge of keeping older Canadians mobile and active in our community for as long possible.

F16 Poster presentation

Driving and stroke: A clinical roadmap for rehabilitation across the continuum of care B

12:00 to 12:30 pm Room: 118E

Michael Cammarata (Hotel Dieu Shaver Health and Rehabilitation Centre), Ruheena Sangrar, Brenda Vrkljan cammarm@mcmaster.ca

Introduction: After stroke, a persons' ability to remain mobile in their community is a critical determinant of their long-term quality of life. In Canada, driving is the most common form of personal transportation, yet the ability to drive can become impaired due to stroke. Canadian stroke best practice guidelines (2016) suggest that all persons with stroke should be told not to drive for at least one month, after which they should be screened for residual deficits that might impair their ability to drive. Increasing awareness of the issue of driving after stroke, as well as the impact of driving cessation, combined with emerging evidence and practice recommendations present new opportunities for clinicians in stroke rehabilitation. Objectives: This presentation will: 1) describe the process of license suspension after stroke and (potential) return-to-driving utilizing a client's perspective; 2) describe a brief strategy for off-road screening using a conceptual framework that organizes the available evidence; and 3) outline a practical strategy that clinicians can use to prepare clients for their transportation needs as they transition to the community. Actions undertaken: This presentation bridges a gap between research evidence, best-practice guidelines, and clinical practices by providing practical tips across the continuum of stroke care for addressing driving and transportation needs after stroke. Practice implications: This presentation provides a clinical framework based on the best available evidence to ensure both driving and community mobility needs are addressed early and often in stroke rehabilitation.

F17 Poster presentation

On-road assessments following a traumatic brain injury (TBI): best practices B

12:00 to 12:30 room 1118E

Maude Cousineau (Hôpital Montfort), Roseline Ackaoui, Jilan Halbouni, Paulette Guitard m.cousineau@hotmail.com

Background: A traumatic brain injury (TBI) may cause physical, cognitive and behavioral damage that can affect driving. On-road assessments are conducted to establish if the injured person is able to drive or not, in a safe manner. However, there are no consensus regarding the

key elements to include in on-road assessments with this clientele. Purpose: This study seeks to establish the specific variables to look for during on-road assessments with the TBI clientele considering their particular after effects to ensure the safety of all sharing the road. Method: Arksey and O'Malley's (2005) protocol was used to complete this scoping review. Research in seven databases as well as gray literature was performed using established key words and inclusion/exclusion criteria specific to the purpose. Results: 60 full text articles were screened; 6 documents were included in the review. The following elements are important to consider during an on-road assessment with this clientele: frequency of the assessments, the length of the assessments, time of the day, types of road, road conditions and circulation, pre-established routes, standardized and/or pre-established elements. However, no clinical trial has been identified. Conclusions: In order to establish guidelines for occupational therapists, clinical studies have to be undertaken to determine in a rigorous manner the necessary variables for an on-road assessment with the TBI clientele.

F18 Poster presentation

The creation of a hazard perception driving training tool for novice drivers with functional limitations B

12:00 to 12:30 pm Room: 118E

Alyssa Morellato (McGill University), Marie-Pier Lynch Pêrusse, Jessica Nadeau, Chidinma Ngadi, Isabelle Gélinas, Dana Benoit alyssa.morellato@mail.mcgill.ca

Rationale: Hazard perception is an important cognitive skill required for safe driving. Novice drivers with functional limitations have increased difficulty with hazard perception on the road. However, there are no known driving training tools designed for this population. Objective: To create a multimedia tool including pictures, and video clips of real-life driving scenarios to train hazard perception skills in novice drivers with functional limitations. Methods: The tool development was carried out in three phases: 1) a scoping review of existing tools, 2) a focus group with expert clinicians and driving instructors, and 3) the development of the tool based on the results of the two preceding phases. Results: Fourteen hazard perception tools related to driving were identified from the scoping review. Focus group participants agreed that these tools were inappropriate for clinical use due to: failure to meet the needs of the target population, language barriers, unrealistic scenarios, and driving depicted on the left side of the road. Participants provided suggestions for scenarios and format (grading, verbal and written feedback, and an interactive interface) of

an ideal tool for the target population. The tool developed consists of 55 driving scenarios, divided into four themes based on different driving environments. Each scenario is offered in French, and English. It includes real-life driving scenarios, multiple-choice questions, feedback, and grading. Conclusion: This novel tool will fulfill the demand for a clinical training tool in occupational therapy to facilitate the driving training process of novice drivers with functional limitations.



Lunch in Exhibit hall

12:30 to 1:30 pm

Room: 106A-G

F19 Interventions towards ensuring wheelchair transportation safety B | I | A

1:30 to 4:45 pm

Room: 118A-D

Dana Benoit (Constance-Lethbridge Rehab Centre),

Alyssa Merilees

dana_benoit@ssss.gouv.qc.ca

3 hr ADED CE

It has been estimated that travellers using wheelchairs as seats in their motor vehicles are 45 times more likely to be injured during travel than the general population (Fitzgerald et al. 2007). Although the principles of wheelchair transportation safety (WTS) are fairly straightforward, the application of these principles can be challenging. Positioning cushions, feeding tubes and medical equipment can render the proper positioning of seatbelts a seemingly impossible task. This seminar outlines Best Practice Guidelines toward ensuring wheelchair transportation safety, identifies common barriers to implementing these guidelines and suggests concrete solutions toward optimising a client's safety when faced with less than ideal parameters.

Learning objectives: At the end of this workshop, participants will be able to:

- Identify common barriers to implementing WTS best practice guidelines.
- Integrate a problem-solving approach to optimise the safety of their adult or pediatric clients who present with challenging positioning requirements.
- Transfer their knowledge regarding current wheelchair transportation safety guidelines to their clients, their clients' caregivers and drivers working in Adapted Transportation Services.

F20 Sponsored session: Psychotropic medications and functional driving assessments: Should clients taking medical marijuana be assessed on-road? B | I | A

1:30 to 4:45 pm

Room: 110

Nellemarie Hyde (Saint Elizabeth), Bruna Brands, Yoassry

Elzohairy, Lisa Hamilton

NellemarieHyde@saintelizabeth.com

3 hr ADED CE

Many medical conditions warrant the use of psychotropic medication to manage symptoms of disease such as pain, spasms, and mood disorders. Opioid pain killers and anti-psychotic medications are prescribed frequently by physicians to enable patients to manage their symptoms while participating in their daily activities, including driving. Occupational therapists assess their client's cognitive abilities in clinic and on-road to determine if they are "fit to drive" while taking these required medications. Is there reason to treat medical marijuana differently? The workshop will include presentations on the effects of psychotropic medications on driving ability, best practices in assessing driver's taking psychotropic medications, as well as a review of the Ministry of Transportation's Drug Impaired Driving Strategy. The presentations will be followed by an expert panel discussion.

Learning objectives: At the end of this session, participants will be able to:

- Gain an understanding of the prevalence and management of drug impaired driving, and related crash rates
- Learn about the effects of psychotropic medications (including medical marijuana) on driving
- Explore the legal, professional and ethical ramifications of conducting on-road assessments with clients taking psychotropic medications
- Understand, and through case studies, apply a decision-making model for assessing clients taking psychotropic medications including medical marijuana.

F21 Sponsored session: Clinical Decision Making regarding Prescribing and Training for Adaptive Equipment

1:30 to 4:45 pm

Room: 106H

Dan Allison (Shepherd Centre), Nathalie Drouin

Dan_Allison@Shepherd.org

3 hr ADED CE

Adaptive equipment must sometimes be considered as an option with some of our clients. Clinicians have gained their experience through continuing education, mentoring and often self-learning. Following a comprehensive assessment, the clinician must attempt various options for equipment based on the client's needs and functional abilities. Building on these decisional skills is essential in growing as a DRS and fostering relationships which allow you to make these recommendations. This panel will utilize case studies to break down the appropriate performance abilities required

for specific modifications. Panel including manufacturer and mobility dealer will lead discussion of Spectrum of Driver Services and use of resources to make appropriate referrals when necessary. Brain storming session will be led to further identify possible avenues to make these decisions more standard within our field.

Learning objectives: At the end of this session, participants will:

- Feel more comfortable and knowledgeable in their plan of care after completing the initial driving evaluations.
- Be able to better identify what performance abilities their clients require for particular vehicle modifications.
- Have a better understanding of the "Spectrum of Driver Services: Right Services for the Right People at the Right Time".



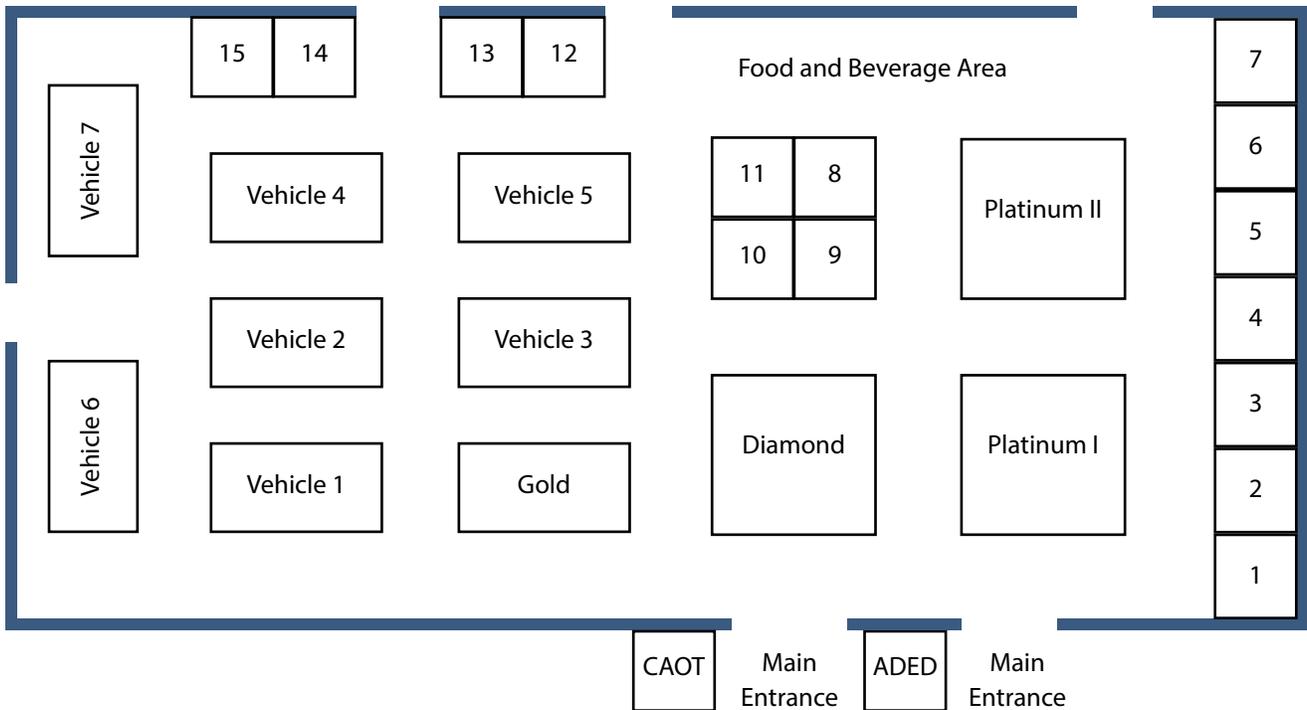
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Exhibitors

Diamond Sponsor	Sure-Grip Howell Ventures VMI	1 Veigel North America
Platinum Sponsor I	BraunAbility	2 Carfit Canada
Platinum Sponsor II	Eureka Solutions	3 Ace Mobility
Gold Sponsor	Adapt Solutions	4 Crescent Industries
		5 The Personal Insurance Company
		6 McGill University School of Physical and Occupational Therapy
		7 March of Dimes
		8 & 11 Virage Simulation
		9 Q'Straint/Sure-Lok
		10 BMS
		12 ColleBuilt Systems
		13 BRUNO Independent Living Aids
		14 Spinal Cord Injury Ontario
		15 AMF-Bruns of America

Vehicle 1	NMEDA
Vehicle 2	Silver Cross Automotive
Vehicle 3	Conval-Aid Inc. (Liftability Division)
Vehicle 4	Goldline Mobility & Conversions
Vehicle 5	Wolfe Mobility
Vehicle 6	Drive-Master Co., Inc.
Vehicle 7	MoveMobility

Exhibit Hall



Exhibitor Description

Ace Mobility | Booth 3

ACE Mobility LLC is a manufacturer of affordable high-tech driving products. The products work independently of each other, allowing installation to meet a client mobility needs. Our Products: Accelerator-Brake Driving System – Hand, Foot, and SWAB | Secondary Controllers – Audible and 6 Button access of 35 function | Digital Shifter – transmission shifter.

Adapt Solutions | Gold Sponsor Booth

The passionate, creative Adapt Solutions team brings you innovative mobility solutions. Our products are reliable, sleek, and designed with simplicity so that they work when you need them. We strive to understand the needs and challenges of the mobility industry and use this knowledge to recommend simple, practical solutions. We take safety seriously. Making sure that our products interact properly with the safety features found in your vehicle is important to us. When you choose Adapt-Solutions, you will be pleased with the service & products that you receive from our team. We stand behind our products. We are eager to work with you and help you in your quest for the best quality mobility equipment.

The Association for Driver Rehabilitation Specialists (ADED)

A 501 (c) (3) non-profit, that promotes safe and independent community mobility. ADED's professional members assist drivers with disabilities and the aging. ADED has created a Best Practice Guidelines for the Provision of Driver Rehabilitation Services publication and is the only organization to offer the Certified Driver Rehabilitation Specialist (CDRS) certification. ADED offers its members continuing education, networking, mentoring and a quarterly newsletter. Non-members and those interested in working in the field of driver rehabilitation are welcome to attend ADED courses, workshops and annual conference. Contact us at: info@aded.net or 866-672-9466. www.aded.net

AMF-Bruns of America | Booth 15

AMF-Bruns of America manufactures wheelchair securement products and occupied restraint systems for the safe transportation of people with limited mobility. We invented the world's first 4-point retractor wheelchair anchoring system. Today we service customers in more than 50 countries throughout North and South America, Australia, Asia, Middle East and Africa.

BMS Canada Risk Services Ltd | Booth 10

BMS Canada Risk Services Ltd. (BMS Group) is a specialist insurance broker, providing market-leading solutions for more than 350,000 healthcare and regulated professionals

through 50+ associations across Canada. BMS' team of experts provide unparalleled risk management and brokerage services, specifically designed for the healthcare sector. As the exclusive broker and provider of professional liability and practice risk insurance to CAOT members, BMS Group is committed to delivering the very best the global insurance market has to offer. For more information, please visit www.bmsgroup.com.

BraunAbility | Platinum Sponsor | Booth

With nearly 50 years of experience, BraunAbility® promises the most reliable wheelchair accessible vehicles and wheelchair lifts in the industry. Mobility isn't a one-size fits all solution – that's why we have options. Whether you prefer a minivan or an SUV, rear-entry or side-entry conversions, extra seating or extra headroom – no matter what the need, we have a solution. You can find your nearest BraunAbility® dealer at www.braunability.com.

Bruno Independent Living Aids | Booth 13

Bruno Independent Living Aids has improved the lives of people with limited mobility for over 30 years. Bruno's scooter/powerchair lifts help easily transport mobility devices, and their Valet Signature Seating is the world leader in turning auto seats. Bruno also manufactures stairlifts and vertical platform lifts for home accessibility.

The Canadian Association of Occupational Therapists (CAOT)

The national organization that supports the more than 16,000 occupational therapists (OTs) who work or study in Canada. OTs improve the health and well-being of Canadians by creating client-centred solutions that help them participate more fully in activities that are important to their everyday lives. CAOT provides products, services and learning opportunities that assist OTs in achieving excellence in their professional practice. Additionally, CAOT provides leadership in the development and promotion of the occupational therapy profession in Canada and internationally. CAOT considers driver safety a priority and invests in the implementation of innovative projects like CarFit. This program aims to reduce injury and maintain independence in community mobility. Contact us at membership@caot.ca or (800) 434-2268 www.caot.ca.

Carfit Canada | Booth 2

Helping mature drivers find their safest fit. This popular public awareness program is on the lookout for occupational therapists who want to be trained as CarFit Event Technicians, Coordinators and Instructors. The training gives you the required certification to participate in public CarFit events designed to promote continued safe driving and mobility among older drivers by focusing

Exhibitor Description

attention on the “fit” between driver and vehicle. For those who choose to work in driving rehabilitation or work with seniors in the community, add this certification to your resumé!

ColleBuilt Systems | Booth 12

ColleBuilt Systems was founded in 1980 and specializes in providing steering and braking modifications, back-up systems, horizontal steering, and electric parking brakes. ColleBuilt features in-house engineering, state-of-the-art CNC machining and weld manufacturing. At ColleBuilt, we pride ourselves on designing and supplying user-friendly products and systems that are simple to install, more compact and more reliable- with customer services second to none.

Conval-Aid Inc. (Liftability Division) | Booth Vehicle 3

When someone is mobility impaired, being able to use a vehicle is incredibly important to their independence. It eliminates the frustrations of having to wait around for others, and the feeling of isolation that can come with spending too much time at home. Liftability’s goal is to help give people that freedom. From drive-ready Vans to wheelchair lifts, trailers and more, we can provide the mobility challenged and their caregivers with the equipment they need to get back on the road.

Drive-Master Co. Inc. | Booth Vehicle 6

Drive Master /IDS is a company with 65 years in the industry designing, manufacturing and installing specialty equipment for the physically challenged driver and passenger, we not only make products ,we install the products!!! We always had the best equipment for the hydraulic steered vehicles , we now have the best equipment for the electric steered vehicles!!! Also now a full line of high tech driving kits designed for these new vehicles. All new kits “talk” to the vehicle!! Very innovative!

Eureka Solutions | Platinum Sponsor II Booth

Since 2000, Eureka Solutions has been installing and adapting vehicles for people with mobility impairments. Aids for driving, carrying, transferring. All kinds of electronic products are on the market, some less reliable than others and at a lower cost, even affecting the functioning of your vehicle. Eureka Solutions offers you a range of proven products that make you fully mobile as a driver or passenger. Our expertise and experience in automotive adaptation as well as our close relationships with recognized suppliers allow us to meet all your expectations. We take pride in complying with all Transport Canada CMVSS. Eureka Solutions understands the importance of owning a vehicle that meets your needs and lifestyle. OUR CLIENTS HAVE UNIQUE NEEDS SO WE TREAT EACH OF THEM AS INDIVIDUALS

Goldline Mobility & Conversions | Booth Vehicle 4

Goldline Mobility & Conversions has been providing safe and practical mobility solutions for many years. Our dedication to constant improvement has been beneficial to all. From the early stages up to present day, Goldline has been influential in shaping and evolving the mobility industry into what it is today. We sell and service both new and pre-owned wheelchair accessible vans as well as a full range of vehicle mobility equipment and driving controls. It is always a joy to see someone regain their mobility or independence through the products and services that we provide.

March of Dimes | Booth 7

March of Dimes Canada provides one stop solutions for people with disabilities. One of our most popular programs is the Home and Vehicle Modification Program. This program provides grants of up to \$15,000 for Ontarians to modify their homes and vehicles. It is funded by the Province of Ontario.

McGill University School of Physical and Occupational Therapy | Booth 6

McGill University’s School of Physical & Occupational Therapy (SPOT) offers an online Graduate Certificate Program in Driving Rehabilitation as well as a new online continuing education module, Screening Driver Safety, for multidisciplinary healthcare professionals. Visit us to learn more about the School, our research and various programs.

MoveMobility | Booth Vehicle 7

MoveMobility provides customized solutions for wheelchair users, with consideration for their caregivers and family who may also travel with them. Through a focused approach, we can provide an ideal mobility solution to suit your needs, allowing you to travel with comfort, convenience, and peace of mind. Our vehicles are fully certified and provide flexible seating options and wheelchair positions that meet the needs of every client.

NMEDA | Booth Vehicle 1

The National Mobility Equipment Dealers Association (NMEDA) is the only non-profit organization dedicated to growing and advancing the mobility equipment industry, as well as the adaptive solutions available to drivers and passengers with disabilities across Canada. Committed to ensuring quality, reliability and safety on the road for people with disabilities, member benefits, include recognition and referrals, product discount opportunities, Provincial and Federal government representation, specialized training and a comprehensive annual conference.

Exhibitor Description

Q'Straint/Sure-Lok | Booth 9

For over 50 combined years, Q'STRAIN and Sure-Lok have remained focused on one vision: to develop the world's most effective wheelchair passenger safety solutions for public and private transportation. Today, Q'STRAIN and Sure-Lok is a global company with a network of representatives serving our customers in over 50 countries throughout North and South America, Europe, Oceania, Asia, the Middle East and Africa.

Silver Cross Automotive | Booth Vehicle 2

Silver Cross Automotive is Canada's largest accessible vehicle dealer with 8 locations. Our professional and caring staff are here to serve wheelchair drivers with the best solutions available today. Our collaborative approach starts with a clear understanding of client needs. We are NMEDA QAP certified with indoor showrooms and certified technicians. Our large inventory of converted vehicles allows clients to try equipment before buying. Learn more at Silvercrossauto.com.

Spinal Cord Injury Ontario | Booth 14

Spinal Cord Injury Ontario is an ongoing, life-long resource for people with spinal cord injuries and other physical disabilities, as well as their friends, families and service providers. We assist people in rebuilding their lives after their injury and whenever they need our services in their future. The importance of our work is emphasized by the facts that every day, at least one person in Ontario sustains a new spinal cord injury.

Sure-Grip Howell Ventures | Diamond Sponsor Booth

Over 30 years ago, Keith Howell saw an opportunity for growth in the mobility industry. As a quadriplegic, Keith could see the issues with the driving aids available on the market at the time. Inspired to reinvent products that would be designed with disability in mind, he started building his own. Tucked away in the New Brunswick countryside, Howell Ventures LTD is a small business that thinks big, and has become a source of innovation in the driver rehabilitation industry. Offering multiple styles for mechanical and electrical hand controls, on top of secondary driving aids, Howell Ventures LTD is constantly pushing the envelope for what accessibility can mean, and bring, to the community.

The Personal | Booth 5

The Personal offers the members of the CAOT access to exclusive group rates and discounts designed to help you save more on home and auto insurance, along with

customized coverage and dedicated teams to support your needs. Get a quote and compare! 1-888-476-8737 thepersonal.com/caot

Veigel North America | Booth 1

Veigel North America / Mobility Products & Design – We offer the highest quality and innovative mobility products on the market. From our Detroit Electronic Hand Controls to the new Rotary Style Gear Selector Extension, we offer products that look as good as they perform. Technology Designed To Help

Virage Simulation | Booth 8 & 11

Virage Simulation's VS500M-R Driving Simulator is the most sophisticated system for driving evaluations, rehabilitation and training. The VS500M-R is safe, effective and affordable with: Wheel chair and transfer access to the driving cab, Active motion/vibration platform, Three 55" displays for true 180° forward view, Blind spot "real-time" displays for over shoulder lane checks, Clinical Driving Assessment content packages, Objective scoring, recording and playback. Virage is dedicated to quality, evidence based content and cost effectiveness. See why today's clinicians choose the VS500M-R.

Vantage Mobility International (VMI) - Wheelchair Accessible Vehicles | Diamond Sponsor Booth

VMI is well known in the mobility industry for its side-entry, in-floor ramp system with Access360® interior space design. While there are many choices in accessible vehicles today, clients can expect to find the right mobility solution thanks to the close collaboration between healthcare professionals, mobility dealers and VMI, all with a single mission to find the best fit for each client's unique requirements. Located in Phoenix, AZ, U.S.A., VMI has manufactured wheelchair accessible vehicles for over 30 years. Our products are designed with input from clients, as well as with feedback from professionals who serve individuals with mobility transportation needs. VMI offers accessible ramp conversions on Toyota, Honda, Chrysler and Dodge vehicles.

Wolfe Mobility | Booth Vehicle 5

Wolfe Mobility's mission is to make a difference; not only in the unique accessibility solutions that we offer, but also in our delivery method. We aim to promote mobility awareness through advocacy, service, research and education. Wolfe Mobility is committed to offering you unique, reliable and quality products. We will work with you from concept to delivery and support. We offer people freedom without limitations. Do what you want, when you want, where you want!

Sponsors

Diamond Sponsor - Sure-Grip Howell Ventures | VMI

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Platinum Sponsor I - BraunAbility

With nearly 50 years of experience, BraunAbility® promises the most reliable wheelchair accessible vehicles and wheelchair lifts in the industry. Mobility isn't a one-size fits all solution – that's why we have options. Whether you prefer a minivan or an SUV, rear-entry or side-entry conversions, extra seating or extra headroom – no matter what the need, we have a solution. You can find your nearest BraunAbility® dealer at www.braunability.com.



Platinum Sponsor II - Eureka Solutions

Since 2000, Eureka Solutions has been installing and adapting vehicles for people with mobility impairments. Aids for driving, carrying, transferring. All kinds of electronic products are on the market, some less reliable than others and at a lower cost, even affecting the functioning of your vehicle. Eureka Solutions offers you a range of proven products that make you fully mobile as a driver or passenger. Our expertise and experience in automotive adaptation as well as our close relationships with recognized suppliers allow us to meet all your expectations. We take pride in complying with all Transport Canada CMVSS. Eureka Solutions understands the importance of owning a vehicle that meets your needs and lifestyle. OUR CLIENTS HAVE UNIQUE NEEDS SO WE TREAT EACH OF THEM AS INDIVIDUALS



Gold Sponsor - Adapt Solutions

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Conference at a Glance

DAY 1		Plenary 118A-D			
08:00-9:15	Welcome address				
9:15-10:15	Keynote speaker - Paul Boase				
10:15-10:30	Diamond Sponsor presentation				
	Plenary 118A-D	Theatre 110	Workshop Room 106H	Exhibit Hall 106A-G	
10:30-11:00	Exhibit hall opening & morning break				
11:00-11:30	T1 Workshop: Making informed clinical decisions concerning medical fitness to drive: Understanding clinical roles, responsibilities and best practices	T2 Clinical predictors of driving outcomes in Parkinson's	T3 Bioptic driving program: multidisciplinary rehab allowing low vision patients to drive safely	Exploration of exhibits	
11:30-12:00		T4 Clinical reasoning tool for in-clinic driving evaluations with neurological clients	T5 A structured and progressive on-road approach for retraining the skills required for driving		
12:00-12:30		T6 Effects of visual retraining on return to driving after ABI	T7 Bénéfices d'un entraînement sur simulateur pour l'apprentissage à l'utilisation d'aides techniques pour la conduite		
12:30-13:30	Lunch in exhibit hall				
13:30-15:00	T8 Workshop: Occupational therapists and driving instructors working together in a driver rehabilitation program	T9 eDOS Symposium	T10 Workshop: Q'Straint securement & mobility device training	Exhibits open to the public	
15:00-16:45		T11 Occupational therapy process enabling safe participation in driving		Break 15:00-15:15	
17:00-19:00	Exhibit reception				

DAY 2		Exhibit Hall 106A-G		Plenary 118A-D	
7:30-8:30	Continental breakfast in exhibit hall			8:30-9:30	Keynote speaker - Christine Caron
	Plenary 118A-D	Theatre 110	Workshop Room 106H	Exhibit Hall 106A-G	Plenary 118E
9:30-10:00	Morning Break in Exhibit Hall			F3 Workshop: Conducting wheelchair transportation assessments course	Morning Break
10:00-10:30	F1 Giving feedback to your clients after the driving evaluation - dos and don'ts	F2 The Candrive older driver study: Prospective changes ...		Exploration of exhibits	View undefended poster presentations
10:30-11:00		F4 Driving retirement interventions in occupational therapy			
11:00-11:30	F5 Development of a decision tree to guide recommendations following clinical driving assessments	F6 Restricted licensing: Let's talk			
11:30-12:00	F7 Community mobility and driving services for youth with physical challenges				
12:00-12:30	F8-F18 Poster presentation defenses				
12:30-13:30	Lunch in exhibit hall (Exhibit Hall Closes at 13:30pm)				
13:30-16:45	F19 Workshop: Interventions towards ensuring wheelchair transportation safety	F20 Sponsored Session: Psychotropic medications and functional driving assessments: Should clients taking medical marijuana be assessed on-road?	F21 Sponsored Session: Clinical decision making regarding prescribing and training for adaptive equipment	Break 15:00-15:15 (Atrium)	

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