

**Making informed clinical decisions concerning medical fitness to drive:**

**Understanding clinical roles, responsibilities and best practices**

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**TASK ANALYSIS (Do while waiting for presentation to begin!): In the space below, list some examples of the components for a driver to make a left hand turn at a busy intersection** (w/o a flashing green light/arrow!) *Hint*: Think about physical (motor), cognitive-perceptual, etc. components required to perform the task (e.g., visually scan environment to determine if there are cars present, pedestrians, bicyclists, etc.) - Need more room? – can work on another sheet ☺

**Tiers of expertise: Driving & Mobility**

🡪 Insert an ‘X’ – where your role is!

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| --- | --- | --- | --- | --- |
| LEVEL OFDRIVING EXPERTISE | Health Promotion  | Screening(office) | Screening Specific to Driving(Can be paired w on-road) | On-road evaluation |
| Generalist |  |  |  |  |
| Advanced |  |  |  |  |
| Advanced Specialized(with tech) |  |  |  |  |

My role:

My OT clinical toolbox for driving (& other occupations) considers 3 sources of information:

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**Cases for Consideration**

**Case #1:** Raymond is a 71 year old retired man who lives with his wife in a one floor condominium complex. Raymond has TYPE I Diabetes. Two months ago, Raymond experienced a left CVA. The CVA resulted in right-sided weakness and speech/ language deficits. At the time of the stroke, he was seen by an occupational therapist on the acute ward where he did a Montreal Cognitive Assessment (22/30). He was discharged home and a referral was made to the day hospital program. He is being seen twice a week by an occupational therapist in this program. While the OT was preparing to discharge Raymond, Raymond again asked when he would be able to return to driving. He has not driven since the stroke as per the request of his family physician.

**Case #2:** While working on an Assertive Community Integration Team, an OT receives a referral for Neil, a 58 year old man with schizophrenia (paranoid type). Neil was declared NCR (Not Criminally Responsible) 3 years ago due to an altercation with his doctor. Neil was diagnosed with late onset schizophrenia 5 years ago, and was not stabilized until after his hospital admission due to difficulty with medication compliance. When asked about the reason for his hospital stay, Neil reports that he no longer hears voices in his head, and feels terrible for what happened with his doctor. During your first meeting with Neil, he describes himself as a natural driver and misses going on long drives to clear his head. He wishes to return to driving as a first step to living in the community.

**Case #3:** Jimmy is a 17 year old young man with Cerebral Palsy (CP) affecting the right side of his body. He has been referred to OT for evaluation of his ongoing need for mobility aids. During your assessment of his community mobility, Jimmy identified that he has recently started a part time job and is not sure how he will get from his afterschool activities to his job on certain nights of the week. He states that he doesn’t like to rely on his parents all the time. He reports some right side weakness and problems with coordination in his right hand and leg, although he is left handed so writing isn’t a concern. Jimmy is currently in grade 12 and is achieving grades in the 70s and 80s (%) in a Fast Forward program where he is given extra time for tests and takes his own notes.

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| --- | --- | --- | --- | --- |
| **Scenario** | **Age** | **Diagnoses** | **Strengths** | **Red Flags & Areas of Further information** |
| Case #1Raymond |  71 | CVA (Left)Diabetes (Type 1) | Supportive wife, being seen by healthcare team/specialists,  | - MOCA score (where are deficits- Cognitive Perceptual issues (?); any residual motor problems? (planning?) |
| Case #2Neil |  | Schizophrenia |  |  |
| Case #3Jimmy |  | CP |  |  |

**Conscious Decision Making**

(Case Study Worksheet)

Describe the scenario. (Identify facts, client and stakeholders & the primary issue?)

Circle the relevant principles:

* Values of Respect and Trust
* Client-centred practice
* Respect for Autonomy
* Collaboration and Communication
* Honesty
* Fairness
* Accountability
* Transparency

What are the relevant resources?

* Hint: legislation, regulation(s) or guideline (s)? Literature? OT Colleagues/other professionals?

The Decision:

1. Identify the options
2. Consider the expected outcome and potential impact of each option

Choose the best option & document.

* Who do you run your decision by?
* Where and what should you document?

Evaluate your decision:

* How comfortable do you feel that you chose the best option? (GUT)
* What was the impact of your decision on those involved?
* Would you make the same decision again, or do something differently?

**Suggested Screening strategies & Tools – Quick reference \***

\* The information listed below is not meant to be comprehensive per se, but a starting point

|  |  |  |
| --- | --- | --- |
| **Interview questions** **about driving** | **Observations to Consider****(Information)** | **Screening Tools\*****(Refer to Appendix B in Algorithm)**  |
| Questions to ask for a current driver or wanting to return to driving:* Are you a driver?
* Any other community mobility options? Comfort level with these options?
* Any concerns about your own driving? For example, any problems navigating intersections, getting lots on normal routes; losing ehicle in parking lot?
* Any collisions, near-misses, driving tickets/violations?
* Do you limit your driving in anyway?
* What kind of roads do you drive on? Where do you drive to?

Questions to ask Novice Driver* Do have any experience driving any sort of motorized vehicle?
* Did you ever ride a bicycle or a trike?
* Do you ever use a wheelchair/scooter?
* Have you participated in any sports while growing up, for example horse back riding or wheelchair basketball? Ping Pong?
* What do you do in your spare time? (look for independence such as teams, part time jobs, volunteer work etc.)
* Current school, grades, supports, etc.
 | * Medical History – comorbidities?
* Health stable/fluctuating?
* Problems with IADLs/ADLs?
* Medications
* Recreational drugs
* Problems with Multi-tasking?
* Balance/Ambulation, sitting, standing, etc.
* Endurance during session.
* Emotional responses
* Insight
* Judgement
* Does family speak on their behalf? Do they defer to their family member?
* Do you need to speak slowly and repeat yourself for them to understand?
 | * COPM
* Clock-drawing
* MVPT
* MoCA
* Trail making Test A & B
* MMSE (pentagons)
* Visual Acuity/Fields
* Timed Up and Go test
* Snellen Chart
* Visual field confrontation
* Visual tracking
* Functional strength and range of motion
* Finger-to-nose test
* Sensation – ask client (with eyes open/closed)
* Rapid alternating movements
* Motor planning
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**APPLICATION TO CASES: Screening Process for Driving – Clinical Application: The Generalist**

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| --- |
| **Case #:** |
| **List three interview questions you might ask to raise the topic of driving (based on scenario)?** |
| 1.2. 3.  |
| **What interview questions specific to driving would you ask with regard to determining driving risk and/or supporting community mobility**?  |
|  |
| **What screening tools / other methods would you use with this client?** **What results might you expect to see?**  |
|  |
| **What information/results are key to make a clinical determination at Tier 1? [RED FLAGS]** **(i.e., What results would make you refer the client on to Tier 2 or even 3? Can recommend driving cessation or fit to drive based on screening)** |
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