Driving Rehabilitation Fact Sheet



Our Mission:

Adaptive Independence Missoula's mission is to

help clients stay independent and connected to their communities and valued daily activities. We see adult drivers with a variety of disabilities and medical conditions to evaluate their fitness-to-drive and — depending on the determined risk — make skilled recommendations for return to driving, return to driving with accommodations/training, or driving cessation.

Three Part Comprehensive Evaluation:

- (1) Our evaluation process begins with a <u>clinical assessment</u>. This assessment gathers objective data about how the client's physical and cognitive skills work for driving. We examine how well someone moves, how strong they are, how they feel and control their body, how fast they react, how well they see, remember, and solve problems. If the results of this testing indicate low-or moderate-risk, we then proceed behind the wheel in our specialized vehicle.
- (2) Next, if appropriate, is the <u>behind-the-wheel assessment</u> in our car. Our driving rehabilitation vehicle is equipped with an instructor brake and specialized mirrors and equipment to ensure appropriate safety for the client and the driving rehab specialist (DRS). The goal of this assessment is to observe the client in the task of driving, in a variety of real-world driving environments and challenges.
- (3) Following the evaluation, we complete a <u>discussion of outcomes</u> with the client and their designated family member or contact person. In this conversation we discuss the recommendations for either return to driving (low-risk), return to driving with accommodations and training (moderate-risk), or driving cessation (high-risk). If further intervention is indicated, we make a plan with the client to offer adaptive strategies, training, and specialized technology to support their safe return to driving.

In the case where driving is no longer a safe or viable option, we work with drivers and families to navigate the process of driving retirement. We provide alternative community mobility options and family training so clients can maintain their agency and independence regardless of the recommendation for driving retirement.

OT DRS Clinical Expertise:

Jessie Alexander is the owner and occupational therapist behind Adaptive Independence Missoula. She has seven years of clinical experience in adult rehabilitation working in a variety of settings including acute care hospitals, rehabilitation hospitals, home health, and community/public health. Jessie's specialties are in neurological conditions, orthopedics, diabetes education and self-management, amputation management, and driving rehabilitation. Jessie completed 60+ hours of continuing education to become a Driving Rehabilitation Specialist (DRS) in 2024.

The Association for Driver Rehabilitation Specialists (ADED) defines driver rehabilitation specialists as professionals with backgrounds in healthcare and/or driver education who have completed additional training and education in the field of driver rehabilitation. The DRS works with a wide variety of individuals with disabilities, injuries, or special needs and the aging to work towards driving independence and/or graceful retirement from driving. We recommend you visit ADED's website at www.ADED.net for more information and valuable resources.

¹ADED: https://elearning.aded.net/fundamentals

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Who to Refer to a Driving Rehab Specialist:

A wide variety of conditions and disabilities can negatively impact the task of driving. But no single diagnosis or test result should exclude a client from fitness-to-drive; a combination of the client's medical diagnosis, physical performance skills, and results from a comprehensive driving evaluation by a skilled DRS should be utilized to make a recommendation for fitness-to-drive. Below is a list of conditions and diagnoses we regularly see in our practice:

Neurological Conditions	Orthopedic Conditions	Other Conditions
Stroke	Rotator Cuff Injury	Diabetes
Spinal Cord Injury	Shoulder Replacement	Hepatic Encephalopathy
Traumatic Brain Injury	Hip Replacement	Arthritis
Parkinson's Disease	Knee Replacement	Vertigo
Multiple Sclerosis	Amputation	Macular Degeneration
Dementia	Laminectomy	Glaucoma
Peripheral Neuropathy	Spinal Fusion	Cataracts
Mild Cognitive Impairment	Anterior Cervical Discectomy and Fusion (ACDF)	Obstructive Sleep Apnea
Nerve Damage	Posterior Lumbar Interbody Fusion (PLIF)	Frequent Falls/Mobility Limitation

Checklist — Referring to a Driving Rehab Specialist:

☐ Plan for driving rehab early:

 Discuss driving rehab as part of the client's overall recovery plan from the beginning of intervention.

☐ Assess readiness for a comprehensive driving evaluation with a DRS:

- Client appears physically ready but there are persistent questions about their safe return to driving.
- Client and/or family express concerns about readiness to drive.

☐ Refer to a DRS after key rehabilitation milestones:

- Client has completed acute and/or post-acute rehabilitation.
- · Client has reached the majority of their healing and physical rehabilitation potential.

☐ Consult when uncertain:

- If you are unsure if the client is appropriate for a driving evaluation.
- If you need additional guidance or resources for the client and family regarding driving safety.

☐Contact us:

• We are available to support you and your patients with case consultations and to provide additional educational resources as needed.

Conclusion:

Thank you for taking the time to read this fact sheet. Adaptive Independence Missoula is committed to being a collaborative member of a patient's interdisciplinary medical team. We aim to bridge the gap between the medical diagnosis made by providers and the functional implications of that diagnosis on the task of driving. Through our specialized training and holistic and evidence-based framework we are dedicated to keeping our clients independent and engaged in the activities and communities that matter the most to them. We look forward to collaborating with you. For more information please visit our website! We can also be contacted by phone, email, or fax.

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