

# Driving Evaluation

WHEN AND  
HOW TO TAKE  
AWAY THE KEYS



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**OHSU Geriatrics 2022**

# GOALS OF SESSION



Describe when to screen for driver safety



Demonstrate how to screen for driver safety



Describe when to send DMV forms vs. refer to OT



Demonstrate how to report or refer for evaluation

# Case history

- Mr. G is a 78 year old gentleman who presents with his wife for a new patient appointment in internal medicine clinic.
- PMHx significant for systemic lupus, CAD, HTN, age related macular degeneration, chronic lumbar disease with pain and numbness.
- On geriatric ROS he states he drives himself to the gym three times per week. His wife says she refuses to ride with him because he has poor vision and numb feet. She does all the other driving.
- He's a retired history professor. Independent with ADLs and IADLs.
- No alcohol, marijuana or illicit substance use.

# Driving during the Lifespan

By 2050 drivers  
>65 yrs old = 25%  
of the US driving  
population

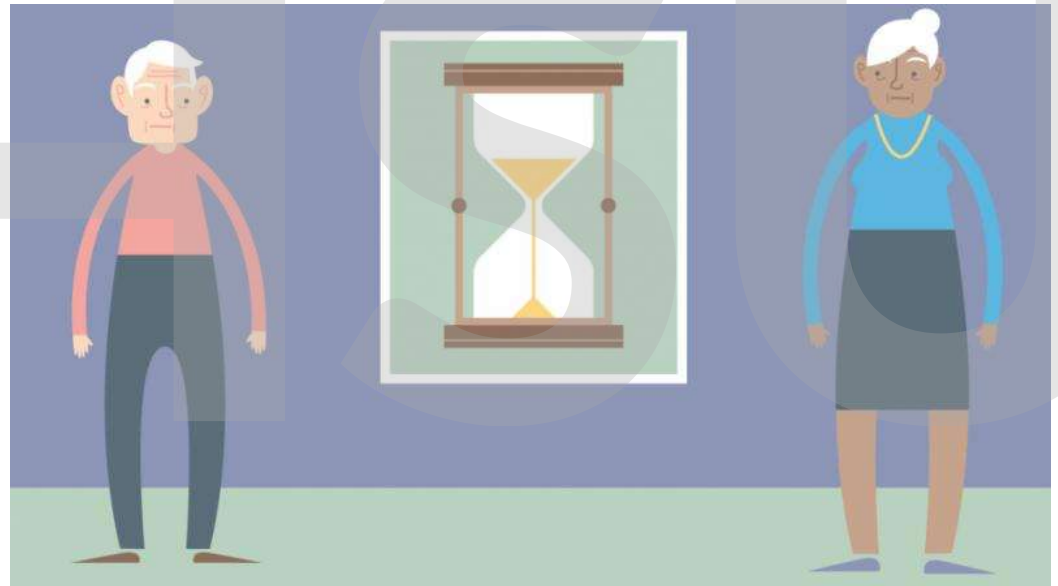


# Driving during the lifespan

Life expectancy exceeds driving fitness expectancy in the US

~6 yrs for men

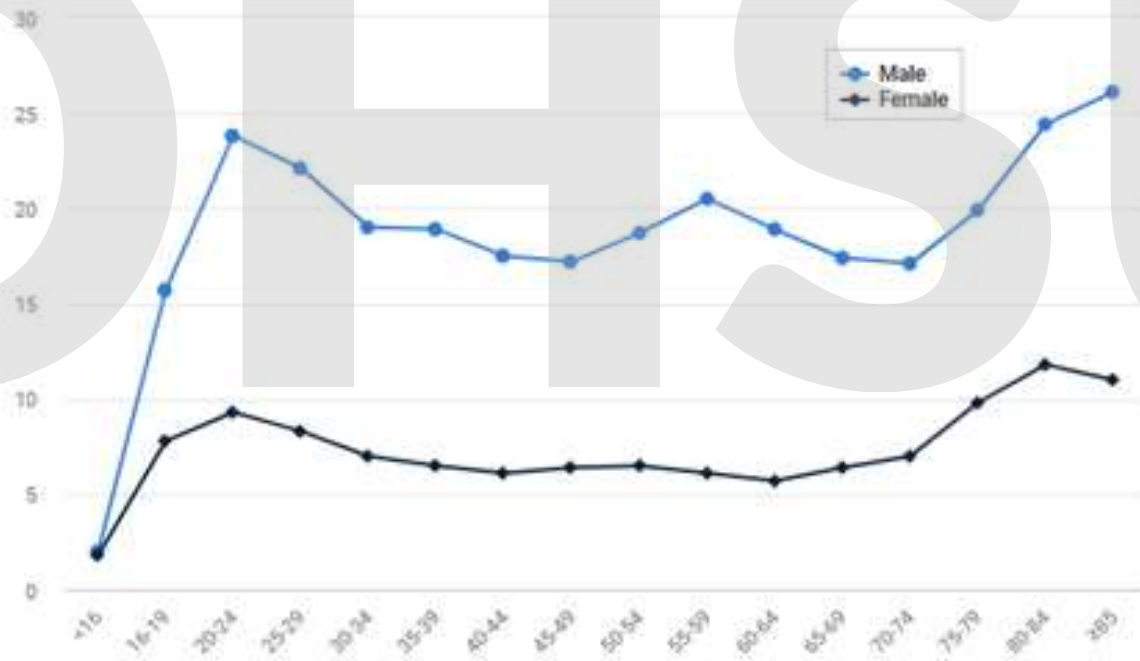
~10 yrs for women



**Most older adults need to retire from driving in their lifetime**

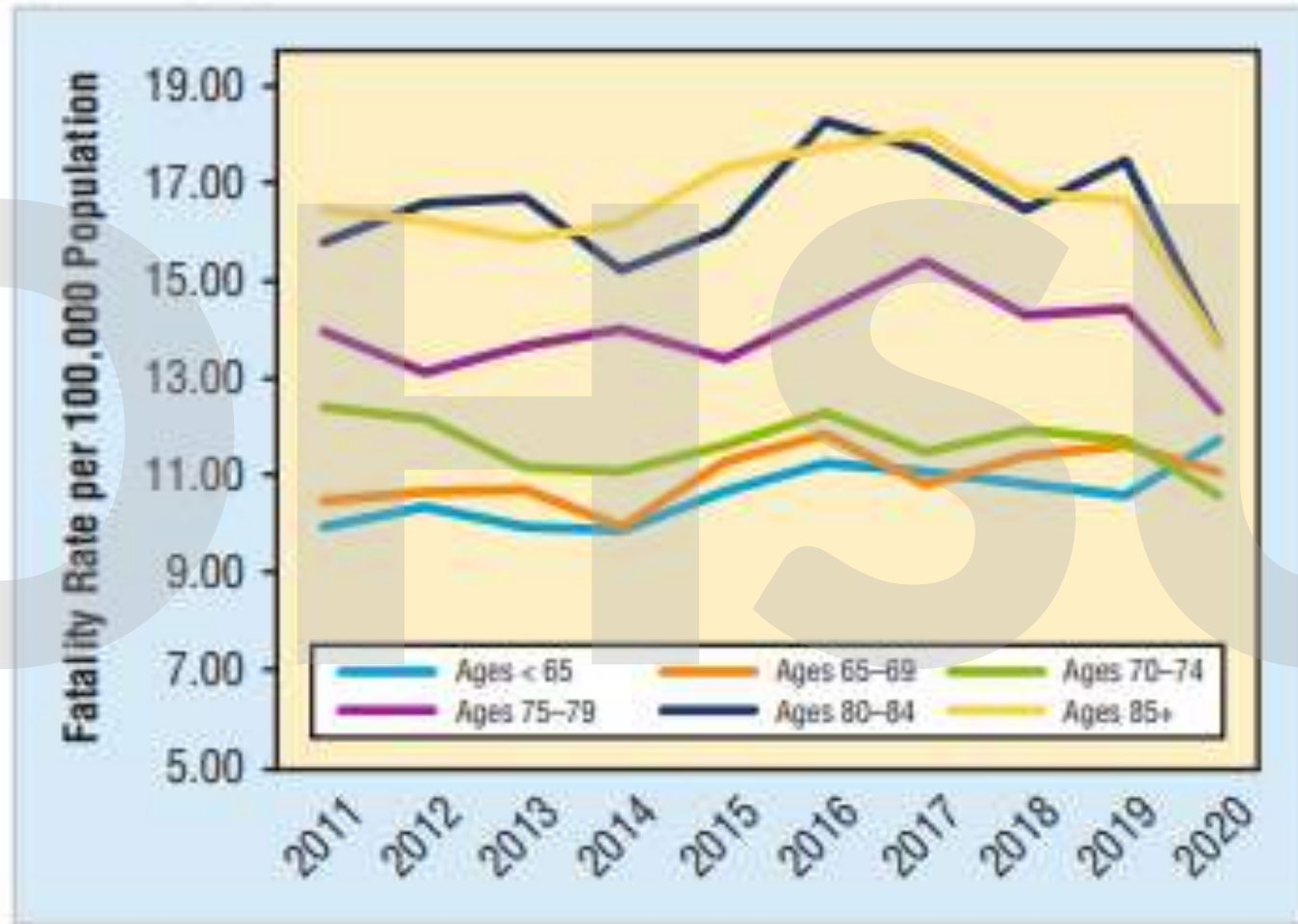
In 2019, motor vehicle crash death rates per capita increased substantially among males and females beginning at ages 75-79

Motor vehicle crash deaths per 100,000 people by age and sex, 2019



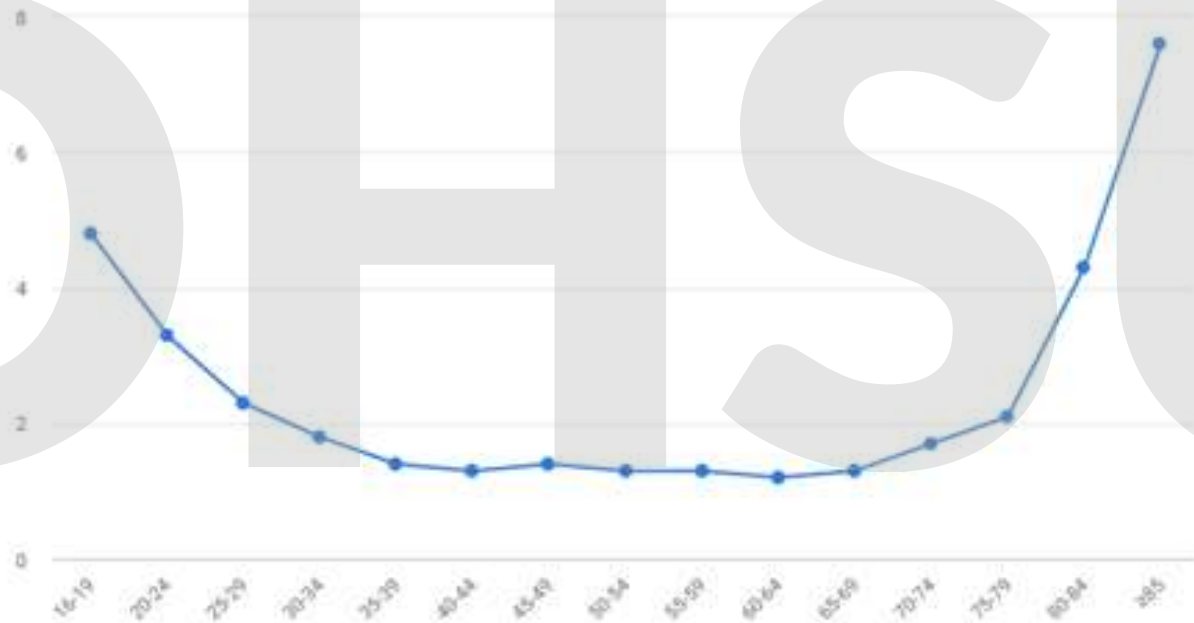
<http://www.iihs.org/iihs/topics/t/older-drivers/fatalityfacts/older-people/>

## Fatality Rate per 100,000 Population, by Age Group, 2011–2020



Sources: FARS 2011–2019 Final File, 2020 ARF; Population – Census Bureau

Passenger vehicle fatal crash involvements per 100 million miles traveled by driver age, April 1, 2016 - March 31, 2017



<http://www.iihs.org/iihs/topics/t/older-drivers/fatalityfacts/older-people/>



## WHO IS AT RISK?

2019 Data from US Department of Transportation  
looking at fatal crashes involving a driver 70+

- 59% drivers themselves
- 14% were their passengers
- 27% were occupants of other vehicles, motorcyclists, bicyclists or pedestrians

# Why is this my job?

Studies looking at self-rated driving ability show that older drivers tend to score themselves higher on ability as their skills decline.<sup>9</sup>

However, most older adults agree that if a primary care provider advised them to stop driving they would do so.<sup>11</sup>

Given this dichotomy between driving perception and ability, it is clearly within the role of primary care providers to assess and counsel older drivers



Driving = independence



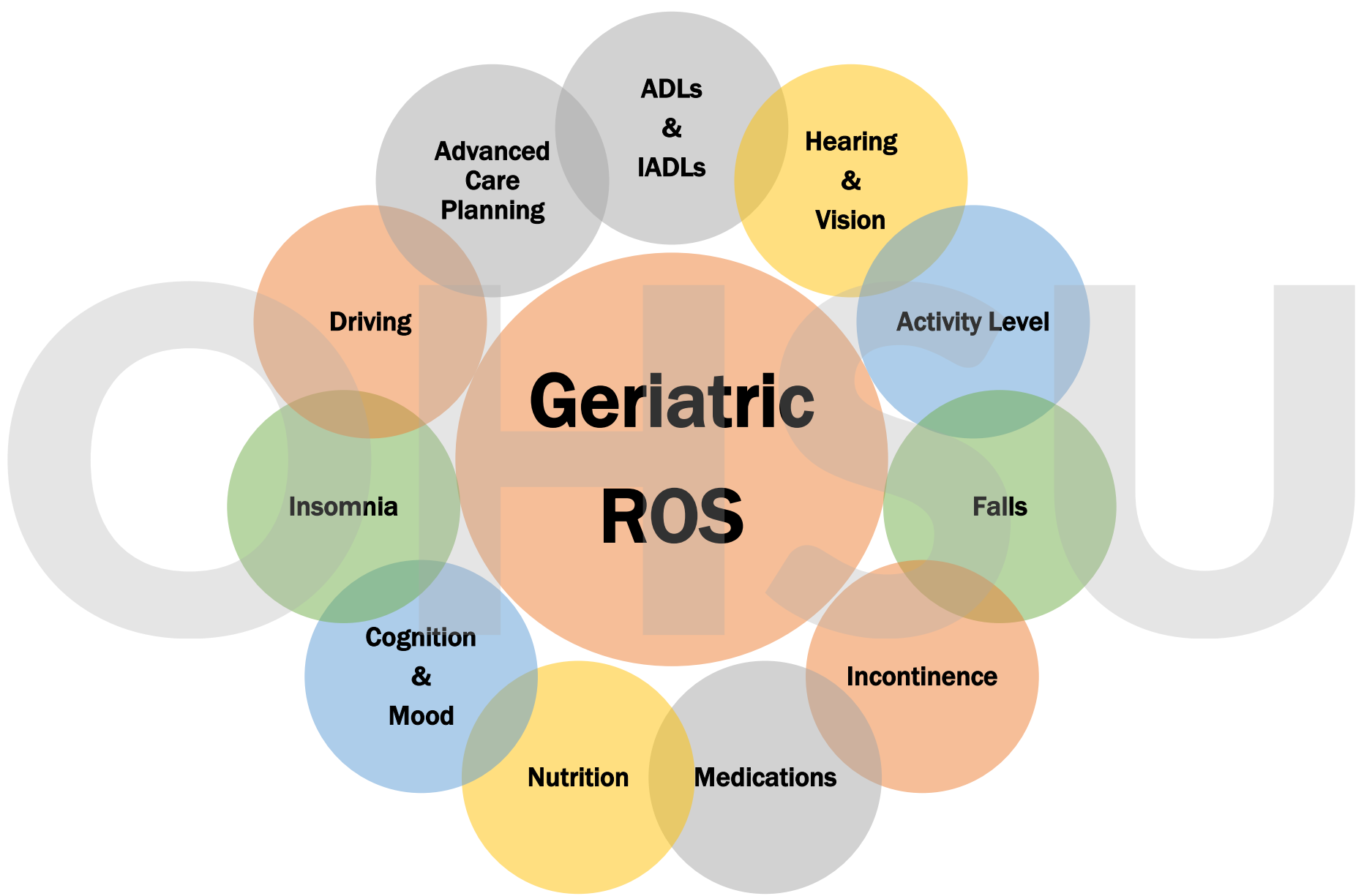
# O

WHEN?

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When is the right time to assess  
for driver safety?





**Geriatric  
ROS**

**Advanced  
Care  
Planning**

**ADLs  
&  
IADLs**

**Hearing  
&  
Vision**

**Activity Level**

**Driving**

**Insomnia**

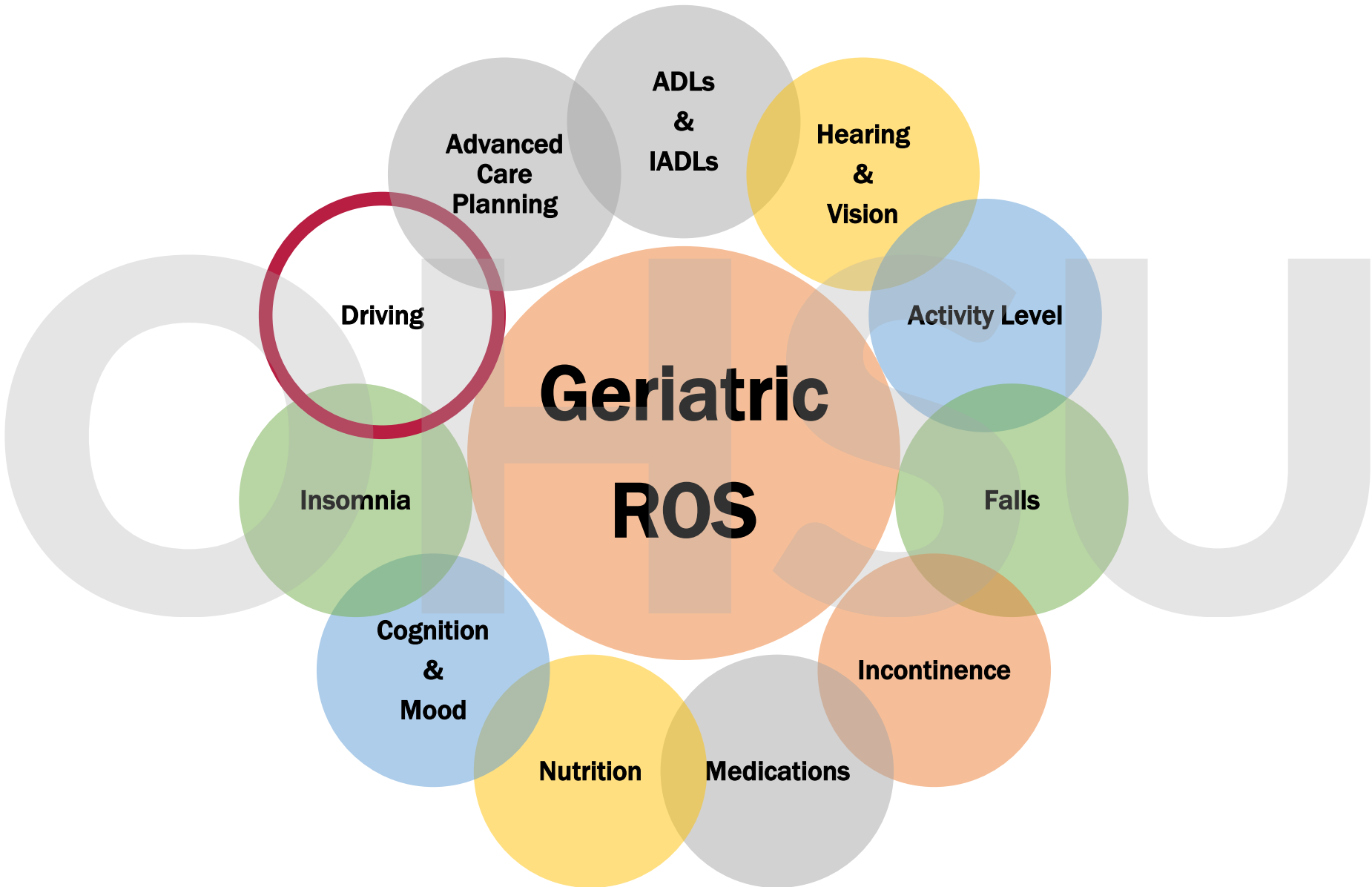
**Falls**

**Cognition  
&  
Mood**

**Incontinence**

**Nutrition**

**Medications**



# Geriatric ROS

Advanced  
Care  
Planning

ADLs  
&  
IADLs

Hearing  
&  
Vision

Activity Level

Falls

Incontinence

Medications

Nutrition

Cognition  
&  
Mood

Insomnia

Driving

# Driving is a complex task

Visual acuity and perception

Cognitive abilities: executive function and multitasking

Neuromuscular function





# Five Triggers for driver screening

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# OHSSU





# Triggers for driver screening

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Changes in Vision





Triggers for  
driver screening

**Changes in gait, neuro or MSK exam**

Triggers for  
driver  
screening

**Changes in memory or cognition**



# Triggers for driver screening



**Medications**  
**Polypharmacy**

# Triggers for driver screening

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Driving Concerns



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HOW?  
Five Domains to  
Assess



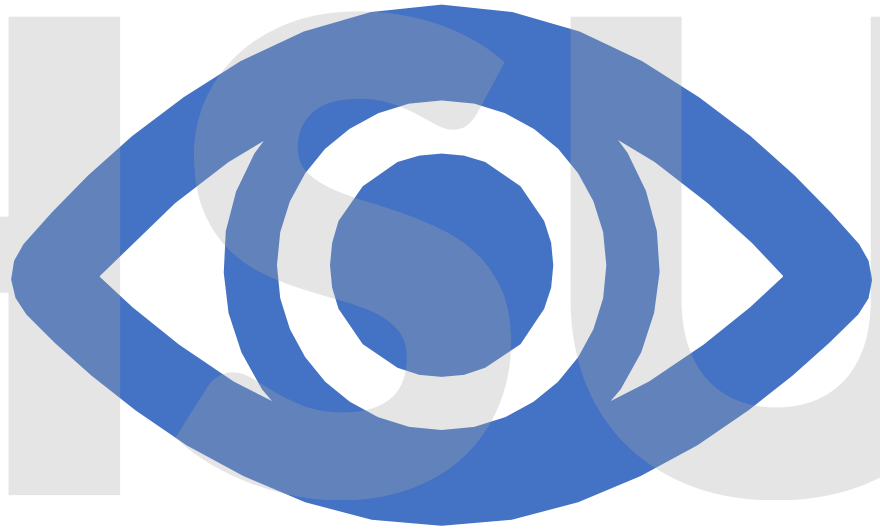


# Toolbox

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There is no single validated screening tool to assess driving safety and thus evaluation requires a multifaceted approach

Vision







E

1 20/200

F P

2 20/100

T O Z

3 20/70

L P E D

4 20/50

P E C F D

5 20/40

E D F C Z P

6 20/30

F E L O P Z D

7 20/25

D E F P O T E C

8 20/20

L E F O D P C T

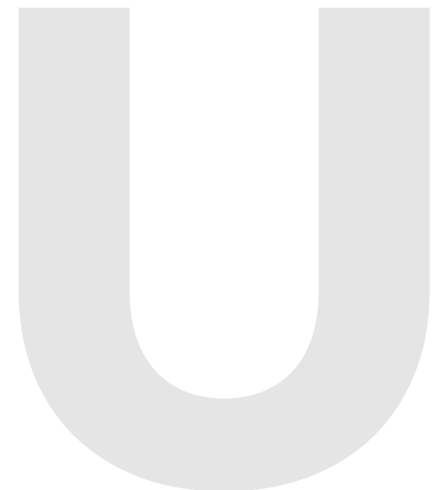
9

F D P L T C E O

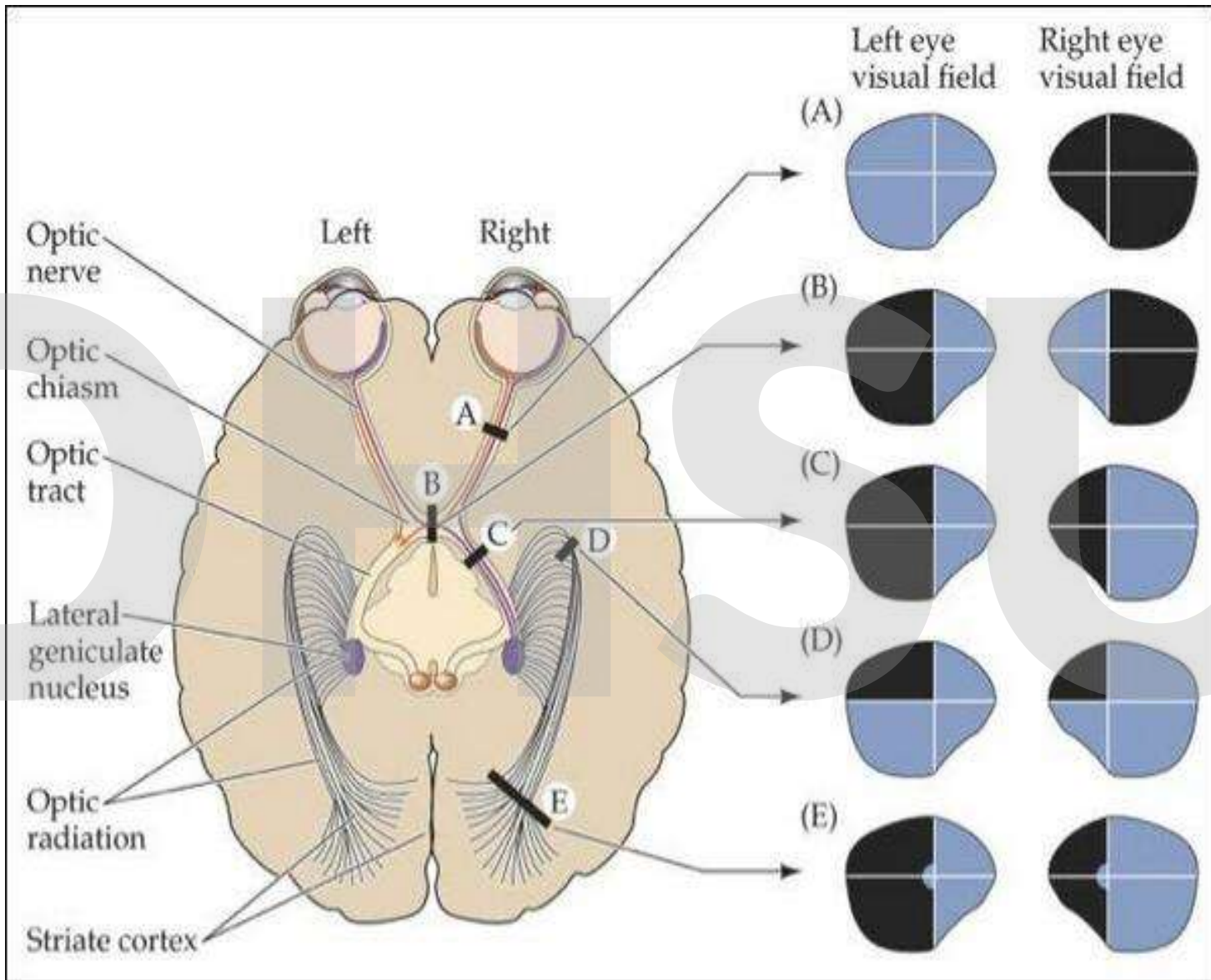
10

P E Z O L C F T D

11



Snellen chart" by Jeff Dahl -  
original work by uploader, Based  
on the public domain  
document: [1]. Licensed under  
CC BY-SA 3.0 via Commons  
[https://commons.wikimedia.org/wiki/File:Snellen\\_chart.svg#/media/File:Snellen\\_chart.svg](https://commons.wikimedia.org/wiki/File:Snellen_chart.svg#/media/File:Snellen_chart.svg)



Same Scene Viewed By A Person With:



Normal Vision



Cataracts

Same Scene Viewed By A Person With:



Normal Vision



Diabetic Retinopathy

Same Scene Viewed By A Person With:



Normal Vision



Glaucoma

Same Scene Viewed By A Person With:



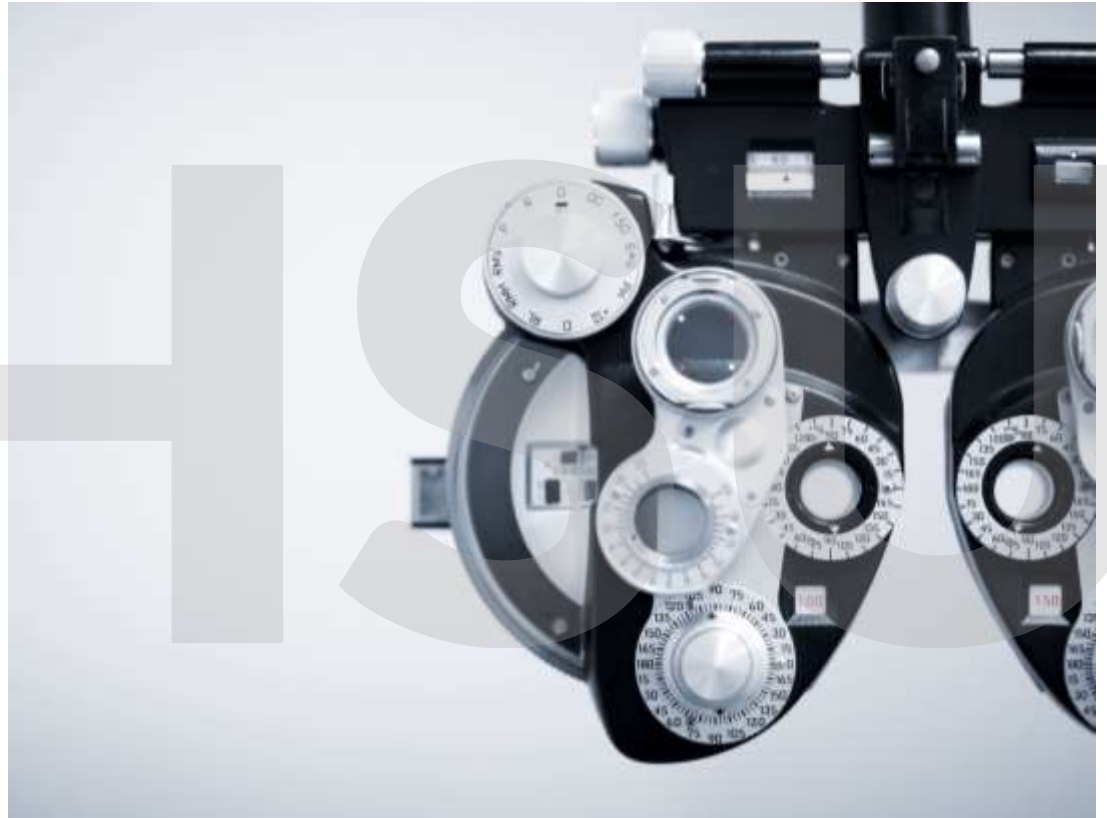
Normal Vision



Age-Related Macular Degeneration

# Vision

Refer to  
ophthalmology  
specifically for  
drivers  
evaluation



# Neuromuscular function

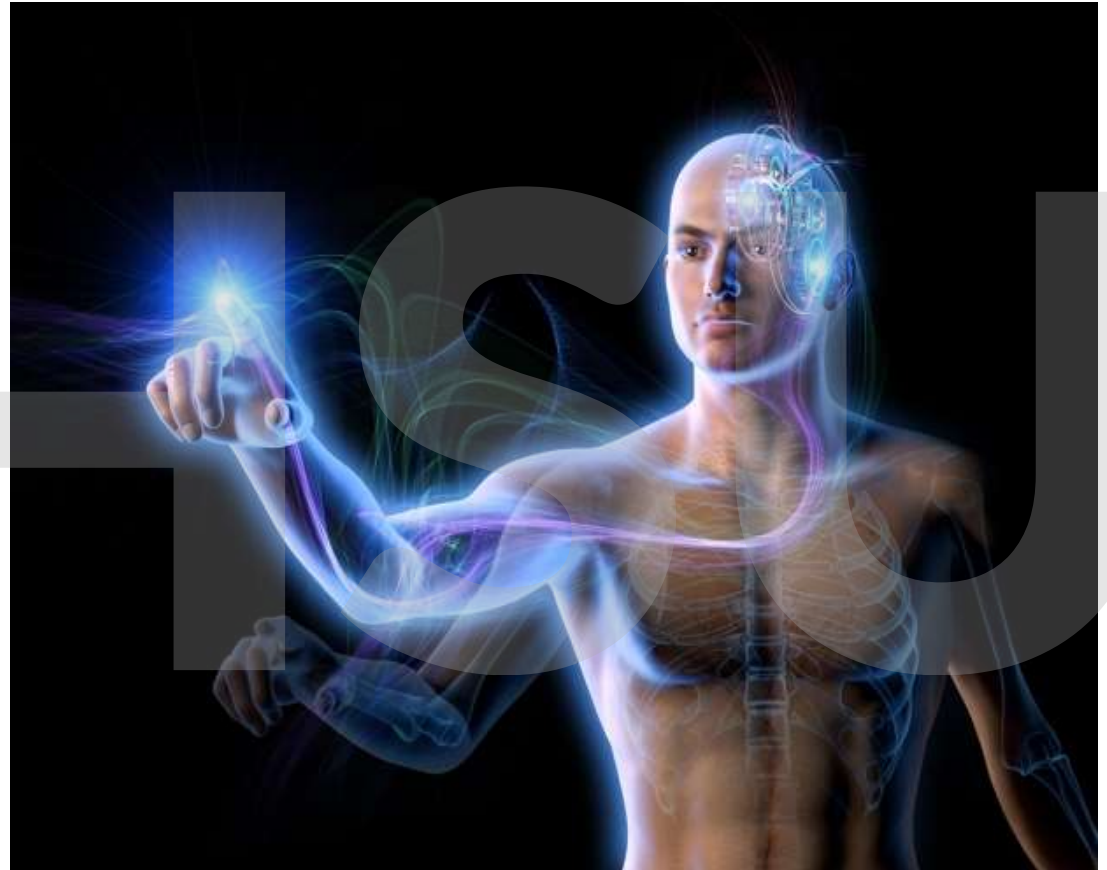




# Neuromuscular function

History of falls is associated with motor vehicle accidents in which older drivers were at fault.<sup>36</sup>

Driving impairment is associated with inability to reach above the shoulder, impaired knee flexion, neck ROM, and inability to walk for more than one block.<sup>37,38</sup>



# Neuromuscular function

## Neuro/MSK exams

- Weakness
- Flexibility
- Peripheral neuropathy
- Motor coordination



# Rapid pace walk test

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- In a recent review, it was shown that the timed up and go (TUG) was not a reliable indicator of driving ability,<sup>39</sup> however the rapid pace walk test is associated with driving ability.<sup>17</sup>
- 20 feet (10 feet up and back) using any assistive device they normally use.
- >9 seconds is associated with driving impairment.<sup>40</sup>



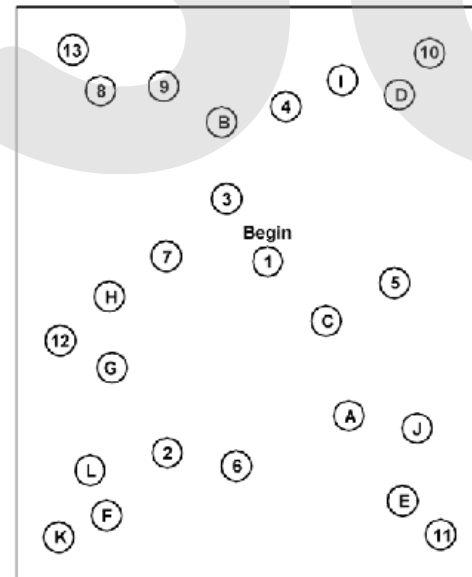
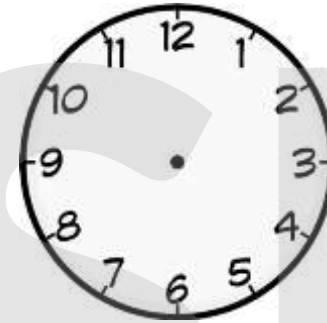
Cognition



# Mini Cog

- 3 item recall
- Clock draw

Executive  
function  
testing:  
trails B test



# MoCA

- ★ Attention
- Judgement
- Reaction Time
- ★ Planning and sequencing
- Impulsivity
- ★ Visuospatial
- ★ Memory

MONTREAL COGNITIVE ASSESSMENT (MOCA)      Education :      Date of birth :  
Sex :      DATE :

| VISUOSPATIAL / EXECUTIVE  |           |               |         |           |          |       | POINTS                                  |
|---|-----------|---------------|---------|-----------|----------|-------|---|
|   | Copy cube |               |         |           |          |       | Draw CLOCK (Ten past eleven) (3 points) |
| [ ]   | [ ]       | [ ]           | [ ]     | [ ]       | [ ]      | _ / 5 |   |
| <b>NAMING</b>   |           |               |         |           |          |       |   |
|   |           |               |         |           |          |       | _ / 3                                   |
| [ ]   | [ ]       |               |         |           |          |       | _ / 3                                   |
| <b>MEMORY</b>   |           |               |         |           |          |       |   |
| Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.   |           | FACE          | VELVET  | CHURCH    | DAISY    | RED   | No. points                              |
| 1st trial   |           |               |         |           |          |       |   |
| 2nd trial   |           |               |         |           |          |       |   |
| <b>ATTENTION</b>  |           |               |         |           |          |       |   |
| Read list of digits (1 digit/ sec). Subject has to repeat them in the forward order   |           | [ ] 2 1 8 5 4 |         |           |          |       | _ / 2                                   |
| Subject has to repeat them in the backward order  |           | [ ] 7 4 2     |         |           |          |       | _ / 2                                   |
| Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors<br>[ ] FBACMNAAJKLBFAKDEAAAJAMOF AAB   |           |               |         |           |          |       |   |
| Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65<br><small>4 or 5 correct subtractions: 3 pts, 3 or 2 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt</small> |           |               |         |           |          |       |   |
| _ / 3   |           |               |         |           |          |       |   |
| <b>LANGUAGE</b>   |           |               |         |           |          |       |   |
| Repeat: I only know that John is the one to help today. [ ]<br>The cat always hid under the couch when dogs were in the room. [ ]   |           |               |         |           |          |       |   |
| _ / 2   |           |               |         |           |          |       |   |
| Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words)  |           |               |         |           |          |       |   |
| _ / 1   |           |               |         |           |          |       |   |
| <b>ABSTRACTION</b>  |           |               |         |           |          |       |   |
| Similarly between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler  |           |               |         |           |          |       |   |
| _ / 2   |           |               |         |           |          |       |   |
| <b>DELAYED RECALL</b>   |           |               |         |           |          |       |   |
| Has to recall words WITH NO CUE   |           | FACE          | VELVET  | CHURCH    | DAISY    | RED   | Points for UNCUED recall only           |
| Category cue  |           |               |         |           |          |       |   |
| Optional Multiple choice cue  |           |               |         |           |          |       |   |
| _ / 5   |           |               |         |           |          |       |   |
| <b>ORIENTATION</b>  |           |               |         |           |          |       |   |
| [ ] Date  | [ ] Month | [ ] Year      | [ ] Day | [ ] Place | [ ] City | _ / 6 |   |
| <small>© Z. Nosredne MD Version November 7, 2004      Normal ≥ 26 / 30</small>  |           |               |         |           |          |       |   |
| <b>TOTAL</b>  |           |               |         |           |          |       | _ / 30                                  |
| <small>Add 1 point if ≤ 52 yr edu</small>   |           |               |         |           |          |       |   |

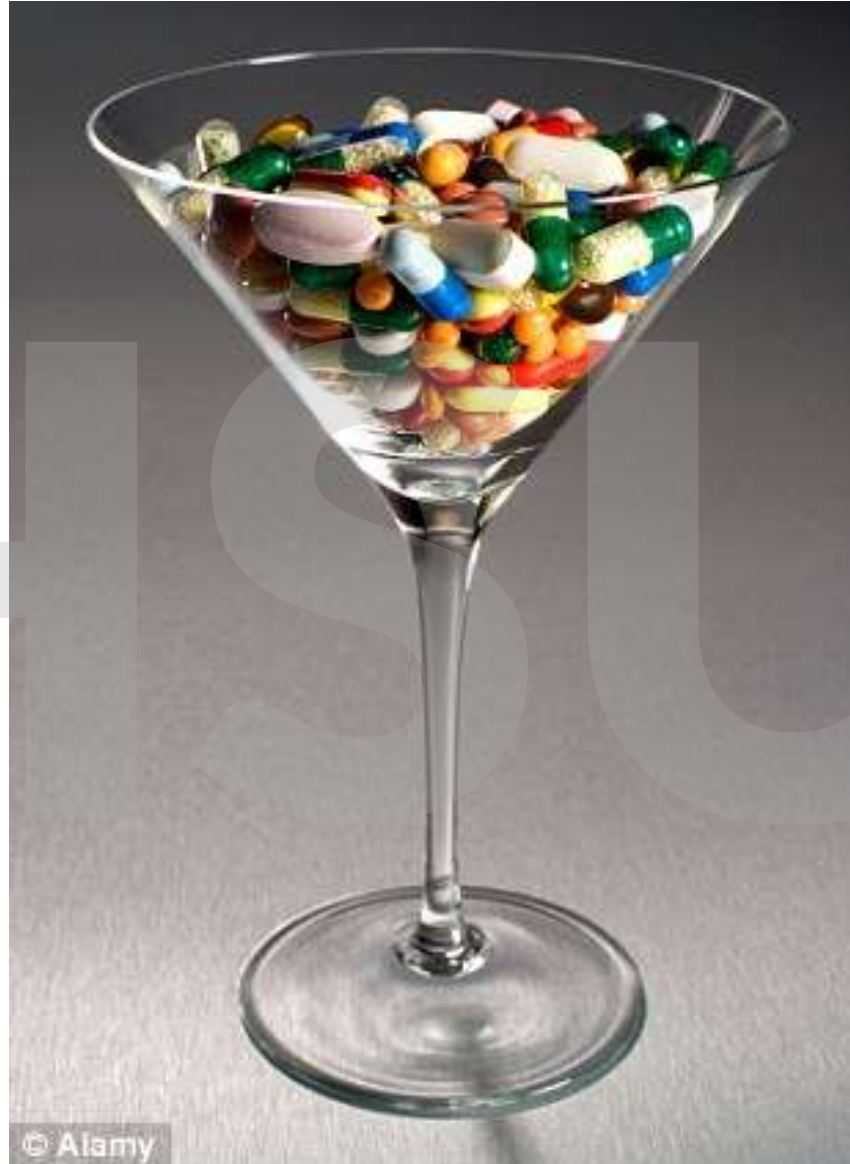




substances |



MEDICATIONS



# Alcohol use

- 2014 Data from the National Survey on Drug Use and Health Report 4.1% of drivers over the age of 65 drove under the influence of alcohol in the preceding year.
- That is roughly the same percentage as drivers aged 16-17 years old.<sup>15</sup>
- Older adults are at even greater risk due to increased rates of drug interactions, decreased alcohol metabolism, and underlying cognitive impairment.<sup>16</sup>



Driving  
concerns

Does the patient limit their  
driving?

Has family expressed  
concerns?

# Case: Objective assessment

- Mr. G's med list: ASA , plaquenil, lisinopril, metoprolol, rosuvastatin, Preservision, diazepam prn nighttime anxiety
- Vitals: Sitting BP 130/70, HR 70, Standing BP 125/72
- Exam: Moves cautiously. Neck ROM full. CN intact. Strength 5/5 in UE/LE. DTRs 2+ biceps and quads, trace at ankles. Diminished light touch sensation midfoot to toe tips bilat.
- Rapid walk test – 8 seconds
- MOCA 23/30 (0 trails, 0 cube, 3 clock, 3 naming, 2 digits, 1 letters, 2 serial 7s, 1 language repeat, 1 fluency, 2 abstraction, 3 recall, 5 orientation)

Mandatory reporting to DMV  
or referral???

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Provider  
responsibility

Providers should know local reporting laws and should feel comfortable counseling their patients on driving cessation and alternative transportation strategies



Mandatory  
reporter  
laws

## Report

- Severe
- Uncontrollable
- Permanent

## Refer

- Mild
- Potentially controllable
- Potentially reversible

# Neuro

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**Strength**



**Sensation**



**Flexibility**



**Motor  
Coordination**

## DMV Report

- Severe
- Uncontrollable
- Permanent

## OT Referral

- Mild
- Controllable
- Reversible





memory

## DMV report

- Mod-Severe Dementia
- Frontal-temporal dementia
- Dementia with Lewy Bodies
- Parkinson's dementia

## OT Referral

- MCI
- Mild dementia

# MEDICATIONS

DMV report only if medications severely impacting function with plan to continue >6 months

- Opiates
- Hypnotics
- Anticholinergics
- → orthostatic hypotension

# Driving concerns

**Voluntary retirement from driving**



**OR**





# Oregon Driver & Motor Vehicle Services

Home > Oregon Driver & Motor Vehicle Services > At-Risk Driver Program for Medical Professionals

## At-Risk Driver Program for Medical Professionals

Licenses & ID Cards

Vehicles

Forms

Records

Offices

50plus

Teen

FAQs

Some people have, or may develop, cognitive or functional impairments, that could affect their driving ability. The At-Risk Driver Program was created to help prevent injury or death by impaired drivers.

Most medical professionals are required to report drivers who can no longer drive due to impairment. See the At-Risk Driver Program rules for more details:

- [Mandatory Reporting OAR](#)
- [Non-Mandatory Reporting OAR](#)

Not a medical professional? Visit our page about [reporting an unsafe driver](#).

Which Patients to Report +

The Mandatory Impairment Referral Form +

How to Report +

Liability & Confidentiality +

After Reporting +

Helping Your Patients Retire from Driving +

# Voluntary Retirement



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

## QUIT DRIVING FORM

Complete this form to surrender you driver license or driver permit under ORS 807.400.

This form must be submitted **ONLY** at a DMV Field Office.

When you quit driving for one of the reasons listed below, you may be eligible for an identification card with the same expiration date as your current driver license at no cost.


|                                |  |                            |             |
|--------------------------------|--|----------------------------|-------------|
| LAST NAME (PLEASE PRINT)       |  | FIRST NAME                 | MIDDLE NAME |
| OREGON DRIVER / ID NUMBER      |  | DATE OF BIRTH (MM-DD-YYYY) |             |
| RESIDENCE ADDRESS              |  | CITY, STATE, ZIP CODE      |             |
| MAILING ADDRESS (IF DIFFERENT) |  | CITY, STATE, ZIP CODE      |             |

### CHECK THE REASON FOR SURRENDERING YOUR DRIVER LICENSE OR PERMIT

I recognize I'm no longer able to safely operate a motor vehicle.

[http://www.oregon.gov/ODOT/DMV/pages/at-risk\\_program\\_index.aspx](http://www.oregon.gov/ODOT/DMV/pages/at-risk_program_index.aspx)

# Apply for ID card when surrendering license

|   |  |   |                      |   |   |  |                             |  |  |
|---|--|---|----------------------|---|---|--|-----------------------------|--|--|
|  <h2 style="text-align: center;">APPLICATION FOR DRIVING PRIVILEGES OR ID CARD</h2>  |  |   |                      |   |   |  |                             |  |  |
| <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> REPLACEMENT   |  |   |                      |   |   |  |                             |  |  |
| <b>DRIVER LICENSE</b><br><input type="checkbox"/> CLASS C <input type="checkbox"/> CLASS C RESTR'D  |  | <b>LT CONVERT</b><br><input type="checkbox"/> |                      | <b>INSTRUCTION PERMIT</b><br><input type="checkbox"/> CLASS C <input type="checkbox"/> MOTORCYCLE |   | <b>ENDORSEMENT</b><br><input checked="" type="checkbox"/> MC <input type="checkbox"/> MC-3 <input type="checkbox"/> FARM |                             | <b>ID CARD</b><br><input type="checkbox"/> | <b>AT-RISK</b><br><input type="checkbox"/> |
| <b>APPLICANT INFORMATION:</b>   |  |   |                      |   |   |  |                             |  |  |
| LAST NAME (PRINT NAME)  |  |   |                      | FIRST NAME  |   | MIDDLE NAME  |                             | SOCIAL SECURITY NUMBER                     |  |
| OREGON DRIVER / ID NUMBER   |  | DATE OF BIRTH (M-D-Y)                         | MOTHER'S MAIDEN NAME |   | APPLICANT'S PLACE OF BIRTH (CITY & STATE OR COUNTRY)  |  |                             | TELEPHONE NUMBER<br>(    )                 |  |
| RESTRICTIONS  | Do you want your license or ID card to show that you are an anatomical donor? <input type="checkbox"/> YES <input type="checkbox"/> NO |   |                      | HEIGHT<br>FT.    IN.  |   | WEIGHT<br>LBS.   | SEX (CIRCLE)<br>M    F    X | HAIR COLOR                                 | EYE COLOR                                  |
| <b>NOTE: YOUR ADDRESS BELOW MUST BE CURRENT. THE U.S. POSTAL SERVICE WILL NOT FORWARD YOUR LICENSE OR ID CARD.</b>  |  |   |                      |   |   |  |                             |  |  |
| RESIDENCE ADDRESS   |  |   |                      |   | MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS) |  |                             |  |  |
| CITY, STATE, ZIP CODE   |  |   |                      |   | CITY, STATE, ZIP CODE                                 |  |                             |  |  |
| <b>CURRENT OR PREVIOUS MILITARY SERVICE:</b> By checking this box I authorize DMV to send my name and address to the Oregon Department of Veterans' Affairs (ODVA) for the purpose of receiving benefit information. <input type="checkbox"/> |  |   |                      |   |   |  |                             |  |  |
| <b>NOTE:</b> Voter registration forms are available at the DMV office. If you would like to register to vote today; please ask a DMV clerk.   |  |   |                      |   |   |  |                             |  |  |
| <b>DRIVING HISTORY:</b>   |  |   |                      |   |   |  |                             |  |  |
| 1. Have you ever had a driver license from another state, U.S. territory, or country? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what state or country: _____ Number (if known): _____                                  |  |   |                      |   |   |  |                             |  |  |
| 2. Is your driver license currently suspended, cancelled or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |                      |   |   |  |                             |  |  |
| 3. List other names you have used on a driver license or ID card. 1. _____ 2. _____   |  |   |                      |   |   |  |                             |  |  |
| <b>MEDICAL FITNESS:</b> Skip this section if applying for an Identification Card.   |  |   |                      |   |   |  |                             |  |  |

DMV  
Reporting



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DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# MANDATORY IMPAIRMENT REFERRAL

Reset Form

(OAR CHAPTER 735 DIVISION 74)

**THE MEDICAL INFORMATION IN THIS REPORT IS CONFIDENTIAL AND WILL BE USED BY THE DRIVER AND MOTOR VEHICLE SERVICES (DMV) ONLY TO DETERMINE THE QUALIFICATIONS OF THE PERSON TO OPERATE MOTOR VEHICLES.**

|                          |            |             |       |                       |               |
|--------------------------|------------|-------------|-------|-----------------------|---------------|
| LAST NAME (PLEASE PRINT) | FIRST NAME | MIDDLE NAME | SEX   | ODL / CUSTOMER NUMBER | DATE OF BIRTH |
| RESIDENCE ADDRESS        |            | CITY        | STATE | ZIP CODE              | COUNTY        |

The underlying medical condition or diagnosis is: \_\_\_\_\_

IMPAIRMENT(S) IS:  CHRONIC  PROGRESSIVE DATE OF MOST RECENT EXAM: \_\_\_\_\_

The patient named above is over 14 years of age and has the impairment(s) checked or described below. The impairment(s) is documented as **severe and uncontrollable** and not correctable by medication, therapy and/or surgery, driving device and/or techniques. Submission of this form may result in an immediate suspension of the patient's driving privileges.

Checking one or more of the boxes below indicates that the above referenced patient has one or more severe and uncontrollable functional and/or cognitive impairments listed on the reverse side unless otherwise described below.

**FUNCTIONAL IMPAIRMENTS:** (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> VISUAL ACUITY and/or FIELD OF VISION<br>Patient is unable to meet the state vision standards listed below, even with correction: <ul style="list-style-type: none"> <li>• Acuity must be no worse than 20/70 in the best eye</li> <li>• Horizontal field of vision of 110 degrees or greater (includes temporal and nasal vision of persons with usable vision in only one eye)</li> </ul> | <input type="checkbox"/> STRENGTH<br><input type="checkbox"/> PERIPHERAL SENSATION<br><input type="checkbox"/> FLEXIBILITY<br><input type="checkbox"/> MOTOR PLANNING & COORDINATION<br><input type="checkbox"/> OTHER (describe): _____ |
|---|--|

**COGNITIVE IMPAIRMENTS:** (Check all that apply.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ATTENTION<br><input type="checkbox"/> JUDGMENT & PROBLEM SOLVING<br><input type="checkbox"/> REACTION TIME<br><input type="checkbox"/> PLANNING & SEQUENCING | <input type="checkbox"/> IMPULSIVITY<br><input type="checkbox"/> VISUOSPATIAL<br><input type="checkbox"/> MEMORY<br><input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> LOSS OF CONSCIOUSNESS OR CONTROL <ul style="list-style-type: none"> <li><input type="checkbox"/> Single recent episode:</li> <li><input type="checkbox"/> Multiple recent episodes:             <ul style="list-style-type: none"> <li>- Date of Last Episode: _____</li> <li>- Medication to prevent</li> </ul> </li> </ul> |
|---|---|---|



**I qualify as a mandatory reporter because:**

- I am the patient's Primary Care Provider.
- I am a physician, physician assistant or nurse practitioner providing specialist evaluation or ongoing care based on a referral from the patient's primary care provider related to a **cognitive or functional impairment** (see reverse).
- A health care provider (see reverse) providing health care services based on a referral from the person's primary care provider, and related to a **cognitive or functional impairment** (see reverse).
- A physician or health care provider (see reverse) providing emergency health care services to a person who does not have a primary care provider.

|   |       |           |                          |
|---|-------|-----------|--------------------------|
| HEALTH CARE PROVIDER'S NAME (PLEASE PRINT)    |       | SPECIALTY | LICENSE or CERTIFICATE # |
| MAILING ADDRESS                               |       | FAX #     | TELEPHONE # (and EXT.)   |
| CITY  | STATE | ZIP CODE  | COUNTY                   |
| SIGNATURE OF HEALTH CARE PROVIDER<br><b>X</b> |       |           | DATE SIGNED              |

735-7230 (5-16)

**FAX or Mail Instructions on Reverse of form**

STK# 300457

**\*\*You MUST report even if the patient voluntarily retires from driving\*\***

## After Reporting

In most cases DMV will suspend the individual's driving privileges. Fewer than 10% of reported drivers ever regain their driving privileges.

DMV notifies the individual that their suspension is effective five days from the date on the notice. They have the right to appeal the suspension by requesting an administrative hearing.

Many drivers surrender their driving privileges and request a quit driving identification card after being suspended under the medically at-risk program. See [below](#) to learn how to help your patients retire from driving.

If the individual wishes to regain their driving privileges, DMV's Medical Determination Officer (a physician on staff at DMV) reviews their medical and driving records to determine if they are safe to test. If it is determined that the person may be capable of safely testing, they must first pass the knowledge test and then vision screening before being allowed to take a drive test. If the individual does regain driving privileges, the Medical Determination Officer will decide under what conditions driving privileges may be reinstated based upon the medical information provided. Drivers may be required to medically recertify on a regular basis.

The reporting health care professional will be notified if their patient's driving privileges are reinstated.

**Reporting health care professionals may inquire about the status of a report by contacting DMV's Driver Safety Unit at (503) 945-5083.**

# Refer for Re-test if deficits are not severe and uncontrollable



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

## DRIVER EVALUATION REQUEST

Clear Form

Print

DMV may require re-evaluation only when there is reason to believe that a driver may no longer be qualified to hold a license. The individual may be required to take vision, knowledge or driving tests or obtain a medical clearance.

### INSTRUCTIONS:

1. Complete this form to request that DMV re-evaluate a driver's ability to drive safely.
2. Sign this request in the signature block provided. **Anonymous requests will not be honored.**
3. Mail or fax completed request to: DMV, Driver Safety Unit, 1905 Lana Avenue NE, Salem Oregon 97314; FAX: (503) 945-5329.

|   |  |                       |                       |               |          |
|---|--|-----------------------|-----------------------|---------------|----------|
| NAME OF PERSON TO BE RE-EVALUATED (Last, First, Middle) |  | SEX (Circle)<br>M F X | ODL / CUSTOMER NUMBER | DATE OF BIRTH |          |
| STREET ADDRESS  |  | CITY                  |                       | STATE         | ZIP CODE |

### DRIVER BEHAVIOR – Check appropriate boxes for driving problems you have observed:

- |   |  |
|---|--|
| <input type="checkbox"/> Does not see or react to other cars, pedestrians, etc. | <input type="checkbox"/> Applies brake and gas pedals at the same time                       |
| <input type="checkbox"/> Drives in wrong lane or on wrong side of road          | <input type="checkbox"/> Is confused by traffic  |
| <input type="checkbox"/> Allows car to drift in and out of lane                 | <input type="checkbox"/> Gets lost or confused while driving near home                       |
| <input type="checkbox"/> Drives on sidewalk                                     | <input type="checkbox"/> Backs up or changes lanes without looking back or checking mirrors  |
| <input type="checkbox"/> Makes turns from wrong lane                            | <input type="checkbox"/> Fails to react to traffic signals, other cars, pedestrians, etc.    |
| <input type="checkbox"/> Turns in front of on-coming cars                       | <input type="checkbox"/> Has slow reaction times (caused by medications, drugs or condition) |
| <input type="checkbox"/> Acts violently or aggressively when driving            | <input type="checkbox"/> Makes driving mistakes while talking to passengers                  |
| <input type="checkbox"/> Drives too slowly, or stops, for no reason             | <input type="checkbox"/> Falls asleep while driving  |

# Driver re-evaluation request

Please use the space below and the back of this form to provide **specific information such as events, dates and places** which cause you to question the individual's ability to drive safely. If you believe the person has a medical condition/impairment that impacts safe driving, please provide information about its impact on their ability to safely operate a motor vehicle. Attach any supporting documentation.

O H S U

▶ **REQUESTS BASED ON AGE, DIAGNOSIS AND/OR GENERAL HEALTH ALONE WILL NOT BE HONORED.** ◀

**Check here if you want your name kept confidential.** DMV may not be able to keep this request confidential if the driver requests a hearing or files a lawsuit against DMV.

**YOUR RELATIONSHIP TO THE DRIVER:**

Law Enforcement  Physician\*  Health Care Provider\* (explain): \_\_\_\_\_

Relative  Friend  DMV Employee  Court  Other (explain): \_\_\_\_\_

*\* Medical providers who are required to report patients under the mandatory reporting program must use DMV Form 735-7230. Please refer to [www.OregonDMV.com](http://www.OregonDMV.com) for more information.*

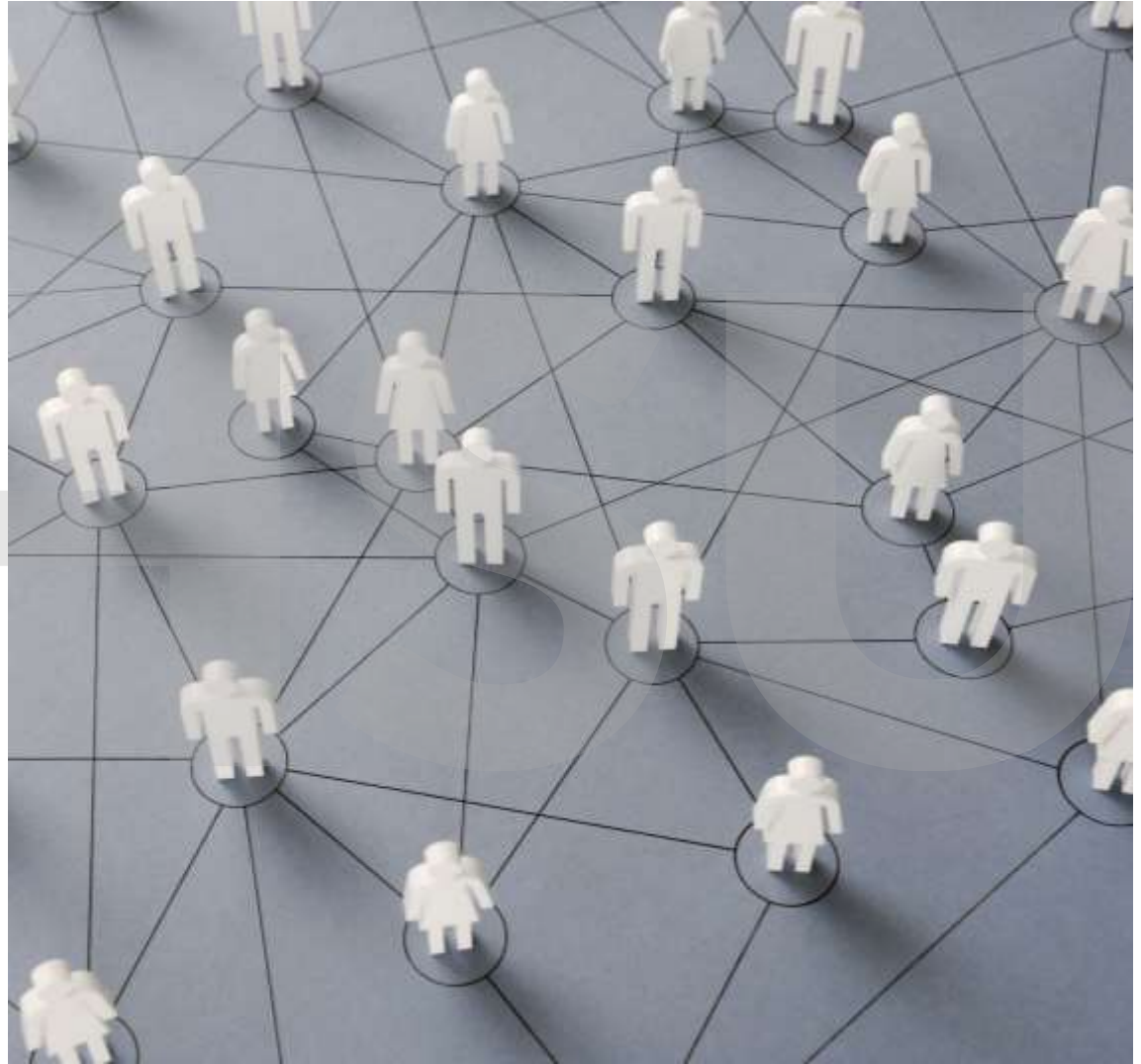
YOUR NAME (Please Print)

SIGNATURE

X

DATE

# Referral



# Private Driving Evals

Cost \$200-\$250 out of pocket

One time appointment ~2 hours

Test thinking, perception, vision and motor function

May not be on the road

Report back to PCP with finding

## LOCAL REFERRALS

- OHSU OT – Marisa Palandri
- VA OT - drivers assessment (Frank!)
- Providence Gateway Rehab (503-216-5410)
- Legacy Emmanuel Outpatient Rehab: DriveAbleUSA program (503-413-1500)
- Alpine Rehab.& Wellness – Jeff Lango , OTR/L, CDRS (503) 249-3220 [alpinerehab@gmail.com](mailto:alpinerehab@gmail.com)

# Community Mobility Programs

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- Rehabilitation-to-Drive Program focused therapy to strengthen physical and cognitive performance in order to return-to or continue driving.
  - 6-8 visits, may be covered by insurance
- Progressive Cognitive Disorders Program for patients that likely need to retire from driving, but are resistant.
  - Includes assessment, education on alternate transportation, home safety and other resources
  - Usually 2-3 visits
  - Initial evaluation and discharge summary sent to referring provider



# Other resources

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Aging and Disability Services offices

<http://www.oregon.gov/dhs/spwpd/pages/offices.aspx#top>

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AAA Senior Driving Resources

<https://exchange.aaa.com/saftey/seniordriver-safety-mobility/>

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AARP Driving Safety Resources

<https://www.aarp.org/auto/driversafety/driving-assessment/>

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Association of Driver Rehabilitation  
Specialists <https://www.aded.net>

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Older Adult Driver Initiative

<https://www.planfortheroadahead.com>

# Driver assessment workflow

## Identify

- Red flag condition
- Red flag medications
- Substance abuse
- Acute events
- Driving concerns

## Assess

- Vision – acuity and peripheral vision
- Cognition – clock draw and Trails B
- Neuromuscular function – gait speed, strength, flexibility

## Refer or Revoke

- Mild, controllable, reversible deficits = referral to DRS/CDRS
- Severe, uncontrollable, not reversible deficits = driving cessation

# Case: assessment and Plan

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Borderline case: With MCI, did not require reporting on cognitive impairment alone and other deficits weren't severe.

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Messaged ophthalmology regarding driving assessment during appointment scheduled for later that week.

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Recommended he consider voluntary retirement from driving and if not now, prepare for this in the future. While driving, continue to limit this to local, daytime trips to familiar places.

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OT referral appropriate. Will revisit in the future.

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Discontinue rare prn diazepam. Try melatonin at bedtime instead.

# Conversation Starters

- **Ask/Explore:** “What would it mean to you if you had to stop driving?” “Where are the most important places you go?”
- **Tell/Partner:** “There will be a time when your dementia has progressed to the point that it is no longer safe for you to drive. I will continue to work with you to assess driving safety and would like to assist you in driving safely for as long as you can.”
- **Empathize and Legitimize:** “I can only imagine what a disappointment this is. I wish the news could be different.”
- **Hope for Best, Plan for the Worst:** “I hope that you will be safe to drive for some time too, but we need a plan for what to do when it is no longer possible.”
- **Set Goals and Priorities:** “Let’s start with more evaluation to help us gauge this.” “Start driving only when and where you feel most comfortable, like only locally and during the day.” “In the next few months, look into ride sharing with friends and try taking a taxi/Uber/public transportation.”



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