

Clinical Update in Traffic Medicine Off-Road Driving Assessment

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Medical assessment for fitness to drive

Information leaflet published in 2022

Available on the NDLS Webpage https://www.ndls.ie/medical-fitness/health-and-driving-information-leaflets.html



Route 1 – Eyesight assessment

Route 2 - Medical assessment

Route 3 – On-road and off-road assessment

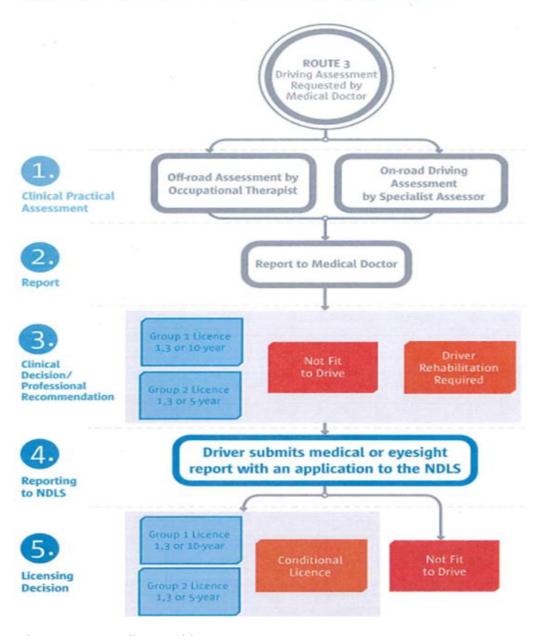


Medical assessment for fitness to drive



Dr. Tadhg Stapleton. Trinity College Dublin

Route 3: On-road and off-road assessment



Dr. Tadhg Stapleton, Trinity College Dublin

Process of Assessment - International Practice

2 phased approach to driving assessment

Off-Road Element – Physician and Occupational Therapy

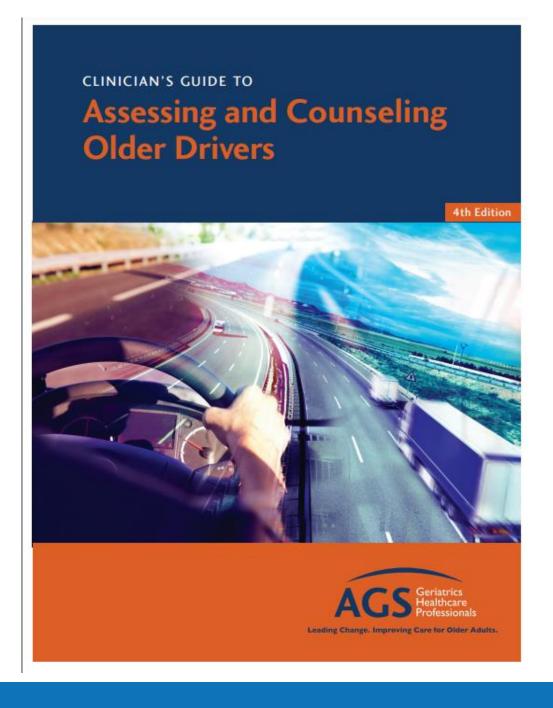
- components of the 'off-road' element;
 - Discuss Driving (ongoing basis)
 - Screening for fitness to drive (if identified to be 'at risk' proceed to assessment)
 - Assessment of Fitness to drive

On-Road Element – On Road Driver Assessor

On-Road Driving Assessment

Pomidor A, ed. Clinician's Guide to Assessing and Counseling Older Drivers, 4th Edition. New York: The American Geriatrics Society; 2019

Accessed 8th Feb 2023 at https://www.safemobilityfl.com/pd fs/CliniciansGuide/CliniciansGuide OlderDriversComplete4thEdition.p df



Plan for Older Driver's
Safety (PODS).
In: Pomidor A, ed.
Clinician's Guide to
Assessing and
Counseling Older
Drivers, 4th Edition. New
York: The American
Geriatrics Society; 2019

Screening:

General – Driving Hx, IADL's, Medication review. Vision - Visual Fields, Visual acuity, contrast sensitivity. Cognition - MoCA, Trails B, Clock Drawing, Maze test. Motor/Sensory - RoM, Proprioception. Get Up & Go, Rapid Pace Walk test

Plan for Older Drivers' Safety (PODS) Step 1: Screening and Observation Medical condition of concern? Symptoms on review of systems? Current/former driver? Wants to drive? Not At Risk: Minimal to No Positive Risk Factors Identified Driving incidents or changes in the past 5 years? Older adult/caregiver concerns? Discuss transportation plans and health maintenance Step 2: Use Clinical Assessment of Driving Related Skills (CADReS) to Identify Impairments and Seek Remediation Range of Motion, MoCA, Trails B, Driving History, IADLs roprioception Get Un Fields, Acuity, Clock Drawing, Questionnaire, Contrast and Go, Rapid Pace Medication Review Step 3: Analysis of Screen and CADreS Not At Risk At Risk Clinical Specialist Evaluation and **Driving Rehabilitation Evaluation** Intervention' Medical nterventio Adaptation/ Conditions Needed: Training Needed Condition Uncompensated Optimized Refer to a Refer to Available or In Recovery Specialist Resources Step 4: Driving Deficit Results No Significant Driving Deficit Identified: Fit To Drive Discuss transportation plans and health maintenance Cessation of Driving: Fit to Drive with Restrictions: Refer for Recovery Alternative Modes of Perform Interval lan to Revisit Driving Transportation; Call Re-evaluations Repeat Step 3 for Family Meeting IADLs Instrumental Activities of Daily Living MoCA Montreal Cognitive Assessment Pathway step may be repeated if progressive assessment necessary Clinical specialists may include medicine, nursing, rehabilitation, pharmacy and social work, or others, depending on the clinical setting Time Lapse

Driving Licence Medical Report Form



| Part 2 (continued) to be completed by Medical Practitioner | | | |
|---|--|-----|--|
| 2. Special licence requirements including exception cases for epilepsy | _ | | |
| a)Epilepsyt | If this does not apply mark - Not Applicable | | |
| If your patient has had an epileptic selaure within the last 12 months, have they been declared fit to drive a group 1 vehicle (See below for vehicle of consultant neurologist under the exceptional case criteria for epile) | icle categories) | 1 | |
| Exceptional case oriteria include: First seizure; provoked seizure only in preceding year; seizure not affecting consciousness or driving ability; seizure in preceding year only on medically supervised withdrawal of antiepileptic medication; or seizure exclusively while asleep and the 5-ct such sicep seizure was a minimum of 12 months previous | | | |
| o) Restricted licence recommendation | If none are to be applied mark -Not Applicable | _ | |
| limited to day-time driving (one hour after sunrise and one hour before | sunset) Yes No | 1 | |
| limited to journeys within a radius of 30 km from holder's place of reside | ence. Yes No | 1 | |
| limited to journeys with a speed not greater than 80 km/h | Yes No | 1 | |
| Signature of Medical Practitioner | Date: / / | | |
| | Must be submitted to the NDLS within 1 months are date | ie: | |

Vehicles are classed as Group 1 and Group 2. If you are applying for a vehicle in both Groups, please tick Group 1 and 2. Where an applicant meets the medical criteria for Group 2 vehicles, they will automatically meet the criteria for Group 1 vehicles

| Group 1 Vehicles and Licence Category | Group 2 Vehicles and Licence Category | |
|---------------------------------------|--|--|
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EXPLANATORY NOTES

- To complete your medical examination you must go to your doctor, have your medical examination and sign this form in the presence of the doctor. When
 the form is completed by your doctor you must submit it to the National Driver Licence Service with your learner permit/driving licence application with its
 one month of the data of the need itself ascentiation.
- 2. For medical fibrars standards, whiche are classed as being in Group 1 or Group 2. The graphic above describes which vehicles are in Group 1 and in Group 2. Further information on each licence category can be found on the licence application form. A higher standard of medical fitness is required of those drivers who hold licences for Group 2 vehicles. Please note that Group standards apply to all categories of vehicles within that Group. Individual categories should not be marked on the table above.
- 3. A person driving a Group 2 category vehicle must be certified as medically fit at least every five years.
- 4. Applicants over 70 years of age can only be certified as being fit to drive for either one or three years.
- 5. Where appropriate the doctor may engage the services of other medical and driving professionals (e.g. consultant, occupational therapist, optometrist, on-road driving assessor) to inform their completion of this form.
- 6. Resea have your Doctor initial any alteration or change made in completing this form. This is important in severaing the validity of the document presented.

Scott H, Baker A, Unsworth C. (2024). Development of a driving clinical decision pathway for non-driver trained occupational therapists. *British Journal of Occupational Therapy*. (ahead of print)

https://doi.org/10.1177/03080226241261185

Scott H, Baker A, Unsworth C. (2023). Driving clinical decision pathway for non-driver trained occupational therapists when assisting people with return to driving. Federation University, Australia. ISBN:978-0-646-8852-8-5

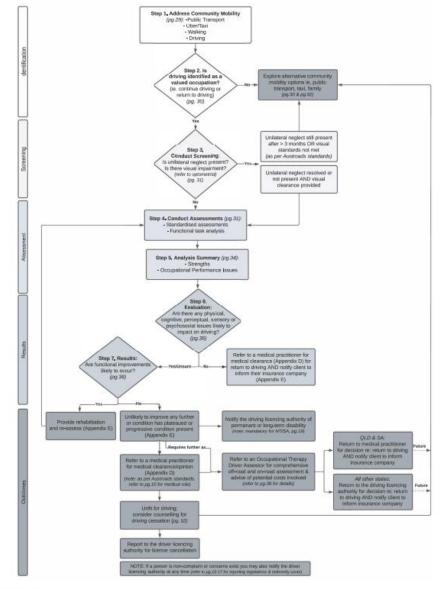


Figure 1. Driving Flowchart.

Preparation for Driving cessation/retirement?

- 90% older adults travel most frequently by car. 72% to 76% drove themselves, if not driving were passengers in car drive by spouse or other family member/friend. Less than 10% (8.5%) used public transport. A reduction in driving noted in the 65-69 age group (Donoghue et al 2019., Gormley & O'Neill 2019) (Irish research TILDA data)
- 82.1% of older adults relied on driving as their primary mode of transport. The majority (range 60% 93%) reported never using other forms of public transport or using private taxi regardless of weather conditions. (Unsworth et al 2021. cross sectional survey across 7 countries incl. Ireland)
- Older adults outliving their driving years drivers at age 70-74 have driving expectancy of approx. 11 years. Men will have 6 years of alternative transport dependency, women will have 10 years of alternative transport dependency (approximations) (Foley et al 2002)
- **Need to focus on assisting older drivers plan for alternative transportation use**
- Donoghue OA, McGarrigle CA, Kenny RA (2019). Who's in the driver seat? Impact on social participation and psychosocial wellbeing in adults aged 50 and over. Transportation Research Part F. 64, 522-531. DOI: 10.1016/j.trf.2019.06.010
- Foley DJ, Heimovitz HK, Guralnik JM, Brock DB (2002). Driving life expectancy of persons aged 70 years and older in the United States. American Journal of Public Health, 92, 8, 1284-1289.
- Gormley, M., & O'Neill, D. (2019). Driving as a Travel Option for Older Adults: Findings From the Irish Longitudinal Study on Aging [Original Research]. Front Psychol, 10. https://doi.org/10.3389/fpsyg.2019.01329
- Unsworth C, Dickerson A, Gelinas I, Harries P, Margot-Cattin I, Mazer B, Stapleton T, Swanepoel L, Timmer A, Van Niekerk L, Vrkljan B (2021). Linking people and activities through community mobility: an international comparison of the mobility patterns of older drivers and non-drivers. Ageing and Society DOI: 10.1017/S0144686X20001968

Preparation for Driving Cessation/retirement

Anne E Dickerson, Tadhg Stapleton, Jamie Bloss, Isabelle Gélinas, Priscilla Harries, Moon Choi, Isabel Margot-Cattin, Barbara Mazer, Ann-Helen Patomella, Lizette Swanepoel, Lana Van Niekerk, Carolyn A Unsworth, Brenda Vrkljan, A Systematic Review of Effective Interventions and Strategies to Support the Transition of Older Adults From Driving to Driving Retirement/Cessation, *Innovation in Aging*, Volume 8, Issue 6, 2024, igae054, https://doi.org/10.1093/geroni/igae054

Reluctance/Avoidance (among physicians, healthcare professionals, & family to talk about driving).

Multiple Stakeholder Involvement (tripartite group – the driver, the family, the healthcare professional).

Take a Proactive Approach (avoid abrupt, reactive decision to cease driving. Healthcare professionals should initiate the conversation about driving (well in advance of any concerns / advanced planning), 'start early – repeat often').

Refocus the Process (shift away from predominant focus on establishing fitness to drive, forward planning/phased approach to driving management: maintenance of driving restrictions driving cessation.

Collaborative Approach (enable ownership) (collaborative partnership between HCP and driver (family), education based approach, encourage planning ahead 'what if you couldn't drive in the future?', encourage self-appraisal & development of self awareness of signs indicating driving may need to cease, enable some 'ownership' of the decision.

Engage in Alternative Transportation Planning (preparation for the impact of driving cessation on lifestyle, proactive planning for transport transition, provide information on alternative transport options, community supports etc,



Thank You