Driving

Julie Muccini, MS, OTR/L
jmuccini@stanford.edu
October 12, 2022
No relevant financial or nonfinancial relationships to disclose.
Goals of talk:

1. Review issues that may compromise driving ability for individuals with Parkinson’s Disease, PD.

2. Increase understanding of Clinic Based Occupational Therapy, OT, Driving Evaluation.

3. Review CA State Law about PD and driving

4. Describe the DMV Driver Medical Evaluation

5. Increase awareness to local and national level resources
Issues that may compromise driving ability

• **Cognitive skills**
  Refers to one’s ability to receive and process incoming information by using:
  - Perception
  - Reasoning
  - Judgement
  - Memory

• **Visual Skills**
  Patient may experience changes in their VISUOSPACIAL SKILLS
  - The ability to gauge the distance to a stop sign or other vehicles.
  - Difficulty maintaining a safe lane position.
Motor Skills… not your car’s motor

- Motor Functioning… your movement may be slower
- Strength
- Balance
- Range of motion may be diminished, leading to poor posture
  - Neck
  - Shoulders
  - Trunk rotation

- Muscle tightness
- Rigidity
- Tremor
  - May impair ability to react quickly to emergencies or changing traffic patterns
Drivers with EDS-related diseases were separated into three groups. Individuals with PD/epilepsy had the highest odds ratio, OR of 2.5, which means a higher probability of single-vehicle crashes than multiple-vehicle crashes compared to the reference group (Group 4).

- PD/epilepsy group n = 645, Sleep apnea, n=2,165, sleep disorders, n=724, Reference group, n=50,556

How to see the Stanford OT for a Clinic Based Driving Evaluation

- Make an appointment with your Neurologist
- Request your Stanford MD place a referral for an OT driving assessment.
- Check your insurance coverage
- Schedule an appointment in Outpatient Neuro Clinic, 213 Quarry Road, Palo Alto
Outpatient Neuro Rehab Clinic Driving Assessment

https://stanfordhealthcare.org/medical-treatments/d/driving-simulation-training.html

- May take 1-3 visits to complete the assessment
- OT’s are not the DMV
- Patient will be assessed using some not all of the following tests:
  - Useful Field of View, UFOV
  - STISIM Driving Simulator
  - Rookwood Driving Battery Assessment
  - Bioness Integrated Therapy System, BITS
  - Manual Motor Muscle assessments
  - Snellen Visual Acuity
“Remember, the DMV has the ultimate determination of your driving status or potential. These evaluations in Occupational Therapy at Stanford do not replace those of the DMV. An in car driving evaluation is the ultimate gold standard of testing to determine driving safety. These Driving Simulator assessments as well as cognitive and perceptual tests provide a snapshot in the clinic setting and are meant to facilitate awareness of driving safety potential. Consult the DMV if you have questions about driving.”
“Medical Conditions and Driving

Certain medical conditions can affect your ability to drive safely but having a medical condition does not mean that your driving privileges will be restricted. Whether you have an illness, injury, or you take medication that causes certain side effects, if you are diagnosed with a medical condition that may affect your driving, you should let the Department of Motor Vehicles (DMV) know.
Medical Conditions

- Dementia
- Diabetes
- Lapses of Consciousness
- Vision Conditions

https://www.dmv.ca.gov/portal/driver-education-and-safety/medical-conditions-and-driving/
What qualifications does DMV use to investigate or reexamine drivers?


<table>
<thead>
<tr>
<th>Physical, Sensory, and Mental Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; Emotional Requirements</td>
</tr>
<tr>
<td>Physical and Mental Condition</td>
</tr>
<tr>
<td>Compensating Factors</td>
</tr>
<tr>
<td>Driver Understanding and Awareness</td>
</tr>
<tr>
<td>Decision Options</td>
</tr>
<tr>
<td>Hearing Rights</td>
</tr>
</tbody>
</table>
Vision exam requirement
A 20/40 visual acuity with or without glasses is the department's vision guideline.

Visual acuity measurements are obtained for both eyes together and for each eye separately while both eyes remain open, as in normal driving. There are two methods of testing, a Snellen chart or Optec 1000 Vision Tester.

Applicants who do not pass either exams may, depending on the circumstances, be referred to a vision specialist.
Snellen Chart: At the DMV they show five rows of this size of letters. One row is selected for you to read.
• **DRIVER MEDICAL EVALUATION** (Medical information is CONFIDENTIAL under Section 1808.5 CVC)

• **INSTRUCTIONS TO THE DRIVER:** Please take this form to the medical professional most familiar with your health history and current medical condition. Before giving this form to your medical professional, complete and sign Sections 1-3. PLEASE PRINT LEGIBLY.

• **INSTRUCTIONS TO THE MEDICAL PROFESSIONAL:** Please complete Sections 5-13, on pages 2 through 5. The Department of Motor Vehicles’ records indicate your patient may have a condition that could affect the safe operation of a motor vehicle.
DRIVER MEDICAL EVALUATION

(INFORMATION IN CONFIDENTIAL UNDER CALIFORNIA VEHICLE CODE §1908.5 CIVC)

INSTRUCTIONS TO THE DRIVER: Please take this form to the medical professional most familiar with your health history and current medical condition. Before giving this form to your medical professional, complete and sign Sections 1-3. PLEASE PRINT LEGIBLY.

INSTRUCTIONS TO THE MEDICAL PROFESSIONAL: Please complete Sections 5-13, on pages 2 through 5. The Department of Motor Vehicles (DMV) records indicate your patient may have a condition that could affect the safe operation of a motor vehicle. In this case, the department is concerned about the following condition:

PHYSICIAN RETURN FORM TO:

SECTION 1 — DRIVER INFORMATION

NAME (LAST FIRST MIDDLE) DRIVER LICENSE NO.

BIRTH DATE:

PLACE OF BIRTH:

STREET ADDRESS:

CITY:

ZIP:

REFER TO DMV FOR YOUR PHONE NO.

SECTION 2 — DRIVER'S ADVISORY STATEMENT

Medical information is required under the authority of Sections 6 and 7 of the California Vehicle Code (CIVC). Failure to provide the information is cause for refusal to issue a license or to withdraw the driving privilege.

All records of the DMV relating to the physical or mental condition of any person are confidential and not open to public inspection (CIVC §1908.5). Information used in determining driving qualifications is available to you and your representative with your signed authorization.

The department has sole responsibility for any decision regarding your driving qualifications and issuance. The department will also consider non-medical factors in reaching a decision.

SECTION 3 — MEDICAL INFORMATION AUTHORIZATION

MEDICAL PROFESSIONAL, HOSPITAL, OR MEDICAL FACILITY NAME AND ADDRESS

DATE:

MEDICAL RECOMMENDATION FILL HERE

I hereby authorize my medical professional or hospital to answer any questions from the DMV or its employees, relating to my physical or mental condition, and/or drug and/or alcohol use, and to release any related information or records to the DMV or its employees. Any experience involved is to be charged to me and not to the DMV.

I hereby authorize the DMV to receive any information relating to my physical or mental condition, and/or drug and/or alcohol use, and to use the same in determining whether I have the ability to operate a motor vehicle safely.

NOTE: You may wish to make a copy of the completed Driver Medical Evaluation for your records.

SIGN:

DATE:

PRINT CLEAR FORM

REQUEST FOR DRIVER REEXAMINATION

INSTRUCTIONS:
1. Complete this form if you wish the Department of Motor Vehicles (DMV) to reevaluate a driver’s ability to drive safely.
2. Sign this request in the signature block provided. You may request that your name not be revealed to the individual being reported. Confidentiality will be honored to the fullest extent possible.
3. Take your completed request to any DMV office or mail it to: DMV, Driver Safety Office (see addresses on the next page for your local office)
   Note: All fields marked with an asterisk (*) are required.

NAME OF PERSON BEING REPORTED [LAST NAME, FIRST INITIAL]:

DATE OF BIRTH OR DRIVER’S LICENSE GAP:

DRIVER LICENSE NUMBER:

NOTE: A CODE “VA” Indicates a temporary license.

STREET ADDRESS:

CITY:

STATE:

ZIP:

DRIVER LICENSE NUMBER:

VEHICLE LICENSE PLATE NUMBER (if applicable):

CITIZENSHIP:

INCOME:

MEDICAL CONDITION—Check all appropriate boxes below. Please use the space below to provide specific details. If known, about the driver’s medical (physical or mental) condition such as name of disease or illness, any medications taken, etc.

- CONFUSED/DISORIENTED
- ALCOHOL/DRUG USE (Describe below): BLACKOUT, SEIZURE, FASTING SEIZURES
- NEEDS HELP WITH DAILY ACTIVITIES (i.e., cooking, dressing, bathing, balancing, checkbook)
- OTHER:

DIFFICULTY WALKING:

DRIVER BEHAVIOR—Check appropriate boxes for driving problems you have observed. (Use space below if needed for additional comments.)

- Does not see or react to other cars, pedestrians, etc.
- Drives in wrong lane
- Drives on wrong side of the road
- Acts violent or aggressive when driving
- Drives too slow, or stops, for no reason
- Has trouble starting, braking, or otherwise controlling car
- Is confused by traffic
- Gets lost or confused while driving home
- Fails to react to traffic signals, other cars, pedestrians, etc.
- Makes turns from wrong lane
- Trees in front of on-coming cars
- Allows car to drift in and out of lane
- Backs up or changes lanes without looking back or checking mirrors
- Applies brake and gas pedals at the same time
- Slow reactions that may be caused by medication or drugs
- Drives on sidewalk
- Makes driving mistakes while talking to passengers
- Falls asleep while driving
- Other actions (Describe below):

You may use the space below to further describe the driver’s condition(s) or actions(s) which lead you to believe this driver should be reevaluated by DMV.

Please continue on the next page.
DRIVER CONDITION—Check all appropriate boxes below. Please use the space below to provide specific details, if known, about the driver’s medical (physical or mental) condition such as name of disease or illness, any medications taken, etc.

- Medical Condition
- Physical Condition
- Mental/Emotional Condition
- Vision Condition
- Weakness or Coordination Problems
- Difficulty Walking
- Confused/Disoriented
- Alcohol/Drug Use (Describe below)
- Blackouts, Seizures, Fainting Spells
- Needs help with daily activities (i.e., cooking, dressing, bathing, balancing checkbook)
- Other:

DRIVER BEHAVIOR—Check appropriate boxes for driving problems you have observed: (Use space below if needed for additional comments.)

- Does not see or react to other cars, pedestrians, etc.
- Drives in wrong lane
- Drives on wrong side of the road
- Acts violent or aggressive when driving
- Drives too slow, or stops, for no reason
- Has trouble steering, braking, or otherwise controlling car
- Is confused by traffic
- Gets lost or confused while driving near home
- Fails to react to traffic signals, other cars, pedestrians, etc.
- Makes turns from wrong lane
- Turns in front of on-coming cars
- Allows car to drift in and out of lane
- Backs up or changes lanes without looking back or checking mirrors
- Applies brake and gas pedals at the same time
- Slow reactions that may be caused by medications or drugs
- Drives on sidewalk
- Makes driving mistakes while talking to passengers
- Falls asleep while driving
- Other asleep (Describe below)

You may use the space below to further describe the driver’s condition(s) or action(s) which lead you to believe this driver may be unsafe to drive.
Second page of Request for Driver Reexamination

*This allows a person reporting to keep their name confidential.
Restricted Driver’s License

The most common driving restrictions affecting senior driver are:

- No freeway driving.
- Driving a vehicle with an additional right side mirror.
- Driving only from sunrise to sunset (no nighttime driving).
- Time of day restrictions (for example, no driving during rush hour traffic).
- Using adequate support to ensure proper driving position.
- Area restriction.
- Wearing bioptic telescopic lens when driving/restricted to driving from sunrise to sunset
• www.ADED.NET

• Private on the road assessment.
• Generally, not covered by insurance
• Can cost $500-$800 for a 2-hour assessment
• NHTSA – National Highway Traffic Safety Administration
The Association for Driver Rehabilitation Specialists: ADED
http://aded.sitemym.com/

- Mr. Marc Samuels, OT, CDRS, The Safe Driver
  - www.thesafedriver.com
  - Half Moon Bay, CA
  - 650-771-2797
  - 650-804-1792 VA

- Mr. Derrick P Scott, CDI, CDRS, A-Safe Driver, Inc. Fit2, Drive Rehab, Apex Driving School
  - Burlingame, CA
  - 650-373-2020

- Mr. Edward Brodd, CDRS, Driver Rehab Services, LLC
  - San Jose, CA
  - 650-690-6618

- Mr. Sam Graf
  - Adaptive Driving Aid
  - 800/371-4243 408/866-7237
  - 3155 San Jose, CA 95117
The National Mobility Equipment Dealers Association (NMEDA)

is an advocate for mobility and accessibility for drivers with disabilities. If you need help with converting or buying a handicap accessible van, car or truck, please consider one of a Quality Assurance Program dealers.

Every NMEDA QAP dealer and technician has been trained and accredited in the highest best practice standards of quality and service to ensure safe and reliable transportation.

http://www.nmeda.com/
Questions?

Thank you!

Julie Muccini, MS, OTR/L
jmuccini@Stanford.edu