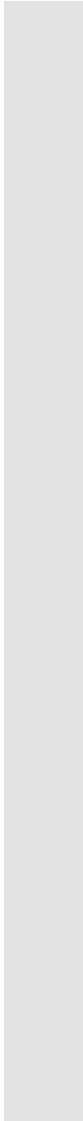



Driving

Julie Muccini, MS, OTR/L
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June 2021



No relevant financial or nonfinancial
relationships to disclose.

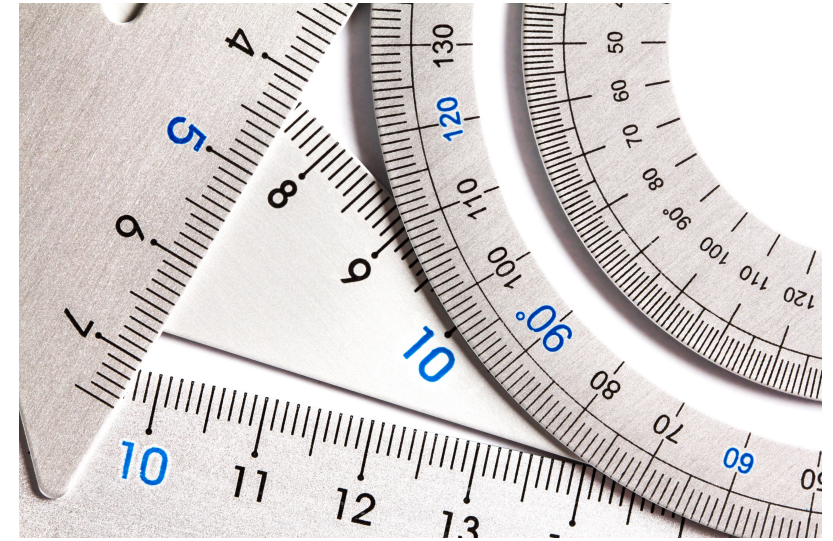
Goals of talk:

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

Motor Skills... not your car's motor

- Motor Functioning...your movement may be slower
- Strength
- Balance
- Range of motion may be diminished

- Neck
- Shoulders
- Trunk rotation



- Muscle tightness
- Rigidity
- Tremor
- May impair ability to react quickly to emergencies or changing traffic patterns

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.

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

- Clinic Based OT Assessment
- 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:

- 1. Useful Field of View, UFOV
- 2. STISIM Driving Simulator
- 3. Rookwood Driving Battery Assessment
- 4. Bioness Integrated Therapy System, BITS
- 5. Manual Motor Muscle assessments
- Snellen Visual Acuity



*Julie Muccini sitting in STISIM Driving Simulator
Stanford Healthcare, Outpatient Neuro Rehab Clinic*



CA DMV

www.DMV.CA.GOV

<https://www.dmv.ca.gov/portal/driver-education-and-safety/medical-conditions-and-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.***
- *Learn more about specific medical conditions, how they can affect driving, and what kind of information DMV uses to evaluate your driving privileges.”*

Medical Conditions

<https://www.dmv.ca.gov/portal/driver-education-and-safety/medical-conditions-and-driving/>

- Dementia
- Diabetes
- Lapses of Consciousness
- Vision Conditions

What qualifications does DMV use to investigate or reexamine drivers?

<https://www.dmv.ca.gov/portal/driver-education-and-safety/medical-conditions-and-driving/evaluation-guidelines/>

Physical, Sensory, and Mental Requirements



Medical & Emotional Requirements



Physical and Mental Condition



Compensating Factors



Driver Understanding and Awareness



Decision Options



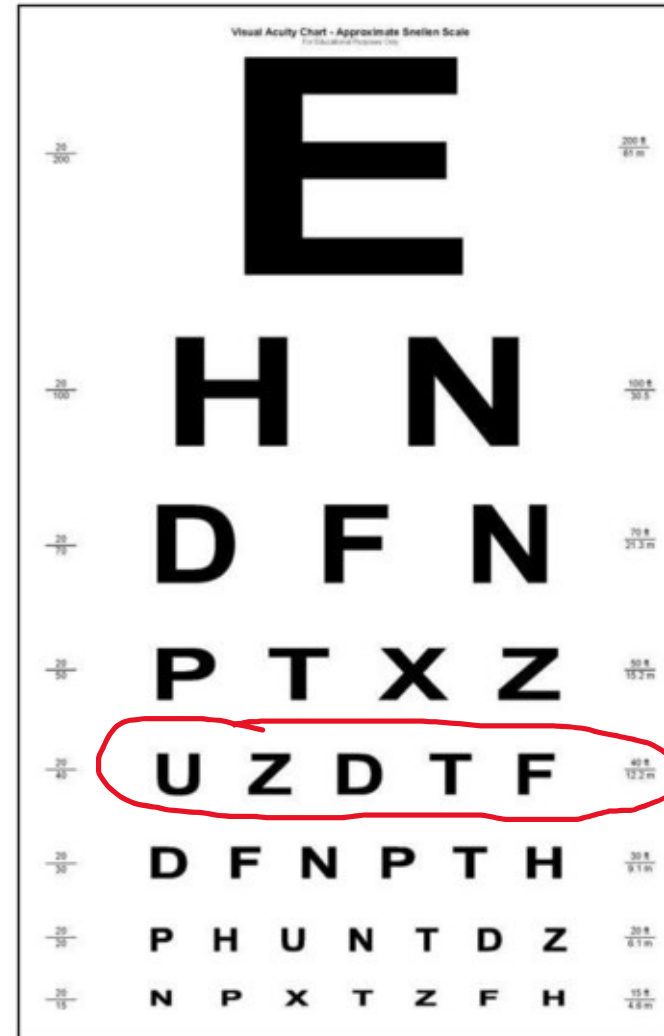
Hearing Rights



CA DMV Vision Test

- 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



Acuity 20/40



DRIVER MEDICAL EVALUATION

(Medical information is CONFIDENTIAL under California Vehicle Code §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 (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:

RETURN BY:

FAX NUMBER:

PHYSICIAN RETURN FORM TO:

SECTION 1 — DRIVER INFORMATION

NAME (LAST, FIRST, MIDDLE)

DRIVER LICENSE NO.

BIRTH DATE

FIELD FILE

STREET ADDRESS

CITY

ZIP

PATIENT'S DAYTIME OR HOME PHONE NO.

DRIVER MUST COMPLETE HEALTH HISTORY BELOW. (Please explain any "YES" answers)

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Head, neck, spinal injury, disorders or illnesses	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease, stones, blood in urine, or dialysis
<input type="checkbox"/>	<input type="checkbox"/>	Seizure, convulsions, or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Muscular disease
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness, fainting, or frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Any permanent impairment
<input type="checkbox"/>	<input type="checkbox"/>	Eye problem (except corrective lenses)	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or psychiatric disorder
<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular (heart or blood vessel) disease	<input type="checkbox"/>	<input type="checkbox"/>	Regular or frequent alcohol use
<input type="checkbox"/>	<input type="checkbox"/>	Heart attack, stroke, or paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Problems with the use of alcohol or drugs
<input type="checkbox"/>	<input type="checkbox"/>	Lung disease (include tuberculosis, asthma or emphysema)	<input type="checkbox"/>	<input type="checkbox"/>	Other disorders or diseases
<input type="checkbox"/>	<input type="checkbox"/>	Nervous stomach, ulcer, or digestive problems	<input type="checkbox"/>	<input type="checkbox"/>	Any major illness, injury, or operations in last 5 years
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or high blood sugar	<input type="checkbox"/>	<input type="checkbox"/>	Currently taking medications

EXPLANATION: (Include onset date, diagnosis, medication, doctor's name and address and any current condition or limitation. Attach additional sheet, if needed).

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I further certify that all information concerning my health is true and correct.

DATE

DRIVER'S SIGNATURE

X

SECTION 2 — DRIVER'S ADVISORY STATEMENT

Medical information is required under the authority of Divisions 6 and 7 of the California Vehicle Code (CVC). 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 (CVC §1808.5). Information used in determining driving qualifications is available to you and/or your representative with your signed authorization.

The department has sole responsibility for any decision regarding your driving qualifications and licensure. 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 RECORD/PATIENT FILE NO.

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 expense 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 or abuse, 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.

SIGNED

DATE

X

CA DMV Medical Evaluation Form

<https://www.dmv.ca.gov/portal/file/driver-medical-evaluation-ds-326-pdf/>

- **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.

ADED

THE ASSOCIATION FOR
DRIVER REHABILITATION
SPECIALISTS

- ADED.NET
- Private on the road assessment.
- Generally, not covered by insurance
- Can cost \$500-\$800 for a 2-hour assessment

The Association for Driver Rehabilitation Specialists: ADED <http://aded.site-ym.com/>

- Mr. Marc Samuels, OT, CDRS, The Safe Driver
- 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
- Ms. Hazel M Simin, OTR/L, CHT, CDRS, Adaptive Driving Service
- Santa Clara
- 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



NMEDA

- 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

