

# Post Stroke Driving Assessment Algorithm

Stroke

1. Emergency Physician or MRP directs **NO driving for a minimum of 1 month**
2. Form sent to Division of Highway Safety
3. Advice given to patient regarding follow-up e.g. Inpatient stroke team assessment / Family physician follow-up / Referral to Stroke Ambulatory Rehab Services for driving assessment / therapy

**Pre-driving Screen / Functional assessment**  
including:  
Cognitive/ Physical/ Visual and Perceptual ability by ED physician and/or MRP, and /or OT (Tier 1 assessment\*)

Rehabilitation of driving skills may happen at any point on the recovery continuum as indicated.

Rehabilitation of impairments and/or compensatory technology / adaptations will be based on the results of the **Driving Screen / Assessments** and communicated to referral source.

YES

Issues Identified

NO

**Advanced Driver Skills Screen**  
(Tier 2 assessment)\*

Recommendations for driving and /or rehab intervention

Follow-up with MRP / referring Physician

**Comprehensive Assessment by Driving Rehab Specialist**  
(Tier 3 assessment)\*

Recommendations for driving and /or rehab intervention

*This service is currently private pay*

PEI Highway Safety

**Return to Driving Restrictions**

**Return to Driving No Restrictions**

**Driving Cessation**

**On-road Driving Test**

## Glossary

MRP – Most responsible Physician

\* see reverse page 2 for definitions of Tier system of OT assessments

Return to driving after cancellation or restriction requires reassessment by Medical Practitioner. Generally, fitness to drive can be reviewed with Medical Practitioner every 3 months x 4, then reassess on a yearly basis

The permission to drive, drive with restrictions or for driving to cease lies with the Division of Highway Safety

## Occupational Therapy and Driving Assessment

Driving evaluation is complex with serious implications if not performed by knowledgeable and skilled professionals. In most Canadian provinces, including Alberta, there is understanding that occupational therapists are ideally suited to provide expertise in driver screening, assessment and intervention (Korner-Bitensky, Toal-Sullivan & von Zweck, 2007a).

In a 2009 Position Statement on Occupational Therapy and Driver Rehabilitation, CAOT stated “All registered occupational therapists in Canada should have the knowledge and skills to deliver some driver evaluation and rehabilitation services.” (CAOT, 2009) and endorsed a three-tier expertise framework (Korner-Bitensky, Toal-Sullivan & von Zweck, 2007b). After applying this model over the past number of years, it is believed that there is benefit to further delineate the second tier to Occupational Therapists who provide only Clinical Evaluations (Tier 2a) and those who provide Comprehensive Driving Evaluations (CDE) (Tier 2b/Tier 3).

Within all three Tiers, occupational therapists have a professional obligation to report driving related concerns to Driver Fitness and Monitoring.

### TIER 1 - GENERALIST

The Tier 1 occupational therapist is able to explore the client's goals related to driving; helping to determine if it is a valued occupation. They understand that driving, like all complex Instrumental Activities of Daily Living (IADL), requires high level cognitive, perceptual, physical, and sensory skills. Tier 1 occupational therapists have the ability to provide information on driving with specific medical conditions and healthy aging and driving. They are in an ideal position to guide discussions around options for community mobility for the non-driver, skills to be developed for the novice driver and planning for the possibility of eventual cessation with the older driver or those with progressive conditions. The Tier 1 occupational therapist often has the knowledge and skills to identify clients who may have difficulty learning to drive or who may be at risk to continue or resume driving. In conjunction with their knowledge of client performance in complex IADLs, their screening may warrant a recommendation of driving cessation or that a novice is not yet ready to learn to drive. In the latter case, intervention may be offered to remediate challenge areas. Tier 1 occupational therapists can identify when to refer to the next level of expertise in driver screening, assessment and intervention. Not all clients require a Tier 2 or 3 evaluation.

### TIER 2 - ADVANCED

The occupational therapist at this level has expertise in assessing physical, cognitive, visual-perceptual, and behavioural skills specifically related to safe driving. At the Tier 2a level, occupational therapists administer clinical evaluations using both standardized and non-standardized assessments. The occupational therapist determines strengths and challenges for driving which may require further intervention or extra attention during on-road evaluation, if clinically indicated. At the Tier 2b level, occupational therapists incorporate an on-road evaluation when deemed appropriate. The on road component is available when feasible from an operational and program perspective and when the therapists have the appropriate knowledge, skills and abilities to perform comprehensive driving evaluations (CDE). The CDE consists of clinical and on-road evaluation (cognitive road test) and may include provision of basic adaptive equipment (e.g. spinner knob, signal extender, adapted mirrors). The on-road evaluation assesses driver performance along a set route and is typically completed in a dual brake vehicle with a certified driving instructor and an occupational therapist.

### TIER 3 -ADVANCED-SPECIALIST

At this level, the occupational therapist completes a complex CDE and has highly specialized expertise in clinical assessment, training and/or retraining of driving skills, vehicle modifications and use of assistive technology for driving. Tier 3 occupational therapists complete assessments with clients with visual impairments (e.g. Hemianopsia) in which the client does not meet the minimum visual standard for driving but demonstrates potential to drive. The client's physician/ophthalmologist may refer the client for Tier 3 evaluation and are usually required to submit documentation to Driver Fitness and Monitoring supporting the client's potential to drive. Typically clients are referred to or may have already received rehabilitation services for development of compensatory strategies for visual impairment. Other indications for complex CDE at a Tier 3 level include clients who demonstrate impairments across multiple domains (E.g. visual and physical, physical and cognitive/perceptual) and clients who require specialized technology, such as electronic gas/brake.

### References

Canadian Association of Occupational Therapists. (2009). CAOT Position Statement: Occupational Therapy and Driver Rehabilitation. Retrieved from <http://www.caot.ca/default.asp?pageid=1353>

Korner-Bitensky, N., Toal-Sullivan, D. & von Zweck, C. (2007a). Driving and older adults: Towards a national occupational therapy strategy for screening. *OT Now*, 9(4), 3-5.

Korner-Bitensky, N., Toal-Sullivan, D. & von Zweck, C. (2007b). Driving and older adults: A focus on assessment by occupational therapists. *OT Now*, 9(5), 10-12.

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