

HEALTH CARE PROVIDERS

Clinician's Guide to Assessing and Counseling Older Drivers: <http://bit.ly/2AkYhiY>

TREDS Online Tutorial:

Clinical Assessment of the Older Patient for Driving Fitness: <http://tredslms.ucsd.edu>

Physician Mandated Reporting of Drivers in California: http://bit.ly/treds_phys_reporting

California Occupational Therapist Driving Programs:

Locate occupational therapists who are trained in driving assessment and evaluation.
<http://treds.ucsd.edu/driver-evaluation>

Driving Evaluation Programs:

Association of Driver Rehabilitation Specialists: www.aded.net

American Occupational Therapy Association: http://bit.ly/TREDS_AOTA

PATIENTS AND FAMILIES

AAA (Automobile Association of America): Mature driver improvement courses; Roadwise Review measures functional abilities related to crash risk; Roadwise Rx offers personalized feedback on medications that impact driving; CarFit evaluates driver and vehicle fit for safety and comfort. <http://seniordriving.aaa.com>

AARP: Mature driver safety courses. www.aarp.org/drive

California Department of Aging: Links to counties for services and transportation programs. www.aging.ca.gov or (800) 510-2020

California DMV Senior Ombudsman Program: Assistance for older drivers.
http://bit.ly/TREDS_DMV1

LOS ANGELES/OXNARD	(310) 412-6103
SACRAMENTO/NORTHERN CALIFORNIA	(916) 657-6464
SAN FRANCISCO/OAKLAND	(510) 563-8998
ORANGE/SAN BERNARDINO/SAN DIEGO	(714) 705-1588

ChORUS: Clearinghouse for Older Road User Safety: A centralized source of information pertaining to highway safety for aging drivers. <http://roadsafeseniors.org>

National Highway Traffic Safety Administration: Comprehensive information on driver safety issues. www.nhtsa.dot.gov

The Hartford: A guide for family conversations about driving. http://bit.ly/TREDS_TheHartford



TREDS
TRAINING, RESEARCH AND EDUCATION FOR DRIVING SAFETY

SCREENING & MANAGEMENT OF AGE-RELATED DRIVING IMPAIRMENTS

WHY SCREEN

- Older adults often outlive their driving ability: men by 6 years, women by 10 years
- Adults over 75 years have crash rates comparable to teenagers
- As one ages, the risk of injury or death from the same impact crash increases
- Older adults and their families depend on health care providers to assist with the transition into driving retirement

WHEN TO SCREEN

- Baseline \geq 65 years or as medically indicated
- Patient or family has concerns about driving
- Recent change in health (e.g. MI, CVA, cancer)
- Medical conditions affecting cognition, frailty, vision, seizures or LOC
- Polypharmacy

HOW TO SCREEN

- Administer tests recommended by the American Geriatrics Society (see inside)
- Obtain history of dementia and LOC (seizures, arrhythmias, hypoglycemia, etc.) in the last 6 months

WHEN TO REPORT

- **Title 17, CA Code of Regulations: Section 2810** requires physicians to report conditions that cause lapses of consciousness, seizures, or diseases related to Alzheimer's (and other dementias)
- Disorders characterized by lapses of consciousness refer to conditions that involve: marked reduction of alertness or responsiveness to external stimuli; inability to perform one or more activities of daily living; impaired sensory motor functions used to operate a motor vehicle

HOW TO REPORT

- Confidentiality and Morbidity Report (CMR 110c): <http://bit.ly/morbidity-report>
- Request for Driver Reexamination (Form DS 699): <http://bit.ly/dmv-driver-reexam>
- Driver Medical Evaluation (Form DS 326): <http://bit.ly/dmv-driver-med-eval>

Reporting a patient does not necessarily mean that they will lose their driving privilege. The goal is to preserve driving for as long as it is safe. The DMV can monitor at-risk drivers and impose licensing restrictions to prolong driving.



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UC San Diego
SCHOOL OF MEDICINE



SUMMARY OF ASSESSMENT TESTS AND INTERPRETATIONS
ADAPTED FROM: CLINICIAN'S GUIDE TO ASSESSING AND COUNSELING OLDER DRIVERS, 3RD EDITION

Test	Assessment	Description	Criteria for Passing	Criteria for Failing	Criteria for Incomplete*
VISION: Conduct tests 1 and 2					
1	VISUAL ACUITY	Measured using Snellen eye chart. Scored by numerical visual acuity value.	≤ 20/70 in both eyes, corrected	> 20/70 in both eyes, corrected	Missing corrective lenses
2	VISUAL FIELDS	Measured using confrontation testing at 3 feet distance. Scored as pass/fail by comparison to normal limits.	Within normal limits	Not within normal limits	Missing corrective lenses
STRENGTH: Conduct test 1 and at least one other (2 or 3)					
1	RANGE OF MOTION (ROM)	Measured by neck rotation, finger curl, shoulder and elbow flexion, ankle dorsiflexion and plantar flexion. Scored as pass/fail based on normal limits.	Within normal limits for all tests	Not within normal limits for one or more tests	Temporary reason for failure (e.g. IV, recent ortho injury/surgery)
2	RAPID PACE WALK	Measured by time taken to walk 10 feet and back. Scored by time in seconds.	≤ 10 seconds	> 10 seconds	Temporary immobility (e.g. recent injury or surgery)
3	GET UP AND GO	Measured by ability to stand from seated position, walk 10 feet and back, and sit down again without falling. Scored by scale of 1-5.	Score of ≤ 2 Normal or near normal movement	Score of > 2 Slowness, staggering, abnormal movement	Temporary immobility (e.g. recent injury or surgery)
COGNITION: Conduct tests 1 and 2 OR tests 1, 3 and 4					
1	MAZE TEST	Measured by time taken to complete a standard maze. Includes a practice test. Scored by time in seconds and number of errors.	≤ 60 seconds, with 0-1 errors	> 60 secs, w/ or w/out errors ≤ 60 secs, w/ 2+ errors	Missing corrective lenses, inability to write (e.g. tremor)
2	MONTREAL COGNITIVE ASSESSMENT MoCA**	Ten-minute test measured by performance on 11 components. Multiple languages available. Scored on scale of 1-30. Add 1 point if patient has less than 12 years of formal education.	Score of ≥ 26	Score of < 26	Missing corrective lenses, inability to write (e.g. tremor)
3	TRAIL MAKING B**	The participant is asked to connect, in alternating order, encircled letters (A-L) and numbers (1-13). Errors are pointed out while the test is being completed. Scored by time required to complete.	≤ 180 seconds	> 180 seconds	Missing corrective lenses, inability to write (e.g. tremor)
4	CLOCK DRAWING**	Measured by asking participant to draw the face of a clock with the time set at "ten minutes after eleven." Scored by: shape of clock, correct amount of numbers accurately located and spaced, only two hands with one hand pointing to the 2 and the absence of intrusive marks.	All criteria met	Failure to meet any criteria	Missing corrective lenses, inability to write (e.g. tremor)