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.

**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 ≥ 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**
- Request for Driver Reexamination (Form DS 699): bit.ly/dmv-driver-reexam
- Driver Medical Evaluation (Form DS 326): bit.ly/dmv-driver-med-eval

**RESOURCES**

**HEALTH CARE PROVIDERS**
Clinician’s Guide to Assessing and Counseling Older Drivers: [1.usa.gov/1kNeM72](1.usa.gov/1kNeM72)

TREDS Online Tutorial:
Clinical Assessment of the Older Patient for Driving Fitness: [tredslms.ucsd.edu](tredslms.ucsd.edu)


**California Occupational Therapist Driving Programs:**
Locate occupational therapists who are trained in driving assessment and evaluation. [http://trends.ucsd.edu/driver-evaluation](http://trends.ucsd.edu/driver-evaluation)

**Driving Evaluation Programs:**
Association of Driver Rehabilitation Specialists: [www.aded.net](www.aded.net)
American Occupational Therapy Association: [bit.ly/TREDS_AOTA](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. [seniordriving.aaa.com](seniordriving.aaa.com)

AARP: Mature driver safety courses. [www.aarp.org/drive](www.aarp.org/drive)

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

California DMV Senior Ombudsman Program: Assistance for older drivers. [bit.ly/TREDS_DMV1](bit.ly/TREDS_DMV1)

ChORUS: Clearinghouse for Older Road User Safety: A centralized source of information pertaining to highway safety for aging drivers. [roadsafeseniors.org](roadsafeseniors.org)


The Hartford: A guide for family conversations about driving. [bit.ly/TREDS_TheHartford](bit.ly/TREDS_TheHartford)

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.
### SUMMARY OF ASSESSMENT TESTS AND INTERPRETATIONS

**ADAPTED FROM: CLINICIAN’S GUIDE TO ASSESSING AND COUNSELING OLDER DRIVERS, 3RD EDITION**

#### VISION:
- **Conduct tests 1 and 2**

<table>
<thead>
<tr>
<th>Test</th>
<th>Assessment</th>
<th>Description</th>
<th>Criteria for Passing</th>
<th>Criteria for Failing</th>
<th>Criteria for Incomplete*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>VISUAL ACUITY</strong></td>
<td>Measured using Snellen eye chart. Scored by numerical visual acuity value.</td>
<td>≤ 20/70 in both eyes, corrected</td>
<td>&gt; 20/70 in both eyes, corrected</td>
<td>Missing corrective lenses</td>
</tr>
<tr>
<td>2</td>
<td><strong>VISUAL FIELDS</strong></td>
<td>Measured using confrontation testing at 3 feet distance. Scored as pass/fail by comparison to normal limits.</td>
<td>Within normal limits</td>
<td>Not within normal limits</td>
<td>Missing corrective lenses</td>
</tr>
</tbody>
</table>

#### STRENGTH:
- **Conduct test 1 and at least one other (2 or 3)**

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</thead>
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<tr>
<td>1</td>
<td><strong>RANGE OF MOTION (ROM)</strong></td>
<td>Measured by neck rotation, finger curl, shoulder and elbow flexion, ankle dorsiflexion and plantar flexion. Scored as pass/fail based on normal limits.</td>
<td>Within normal limits for all tests</td>
<td>Not within normal limits for one or more tests</td>
<td>Temporary reason for failure (e.g. IV, recent ortho injury/surgery)</td>
</tr>
<tr>
<td>2</td>
<td><strong>RAPID PACE WALK</strong></td>
<td>Measured by time taken to walk 10 feet and back. Scored by time in seconds.</td>
<td>≤ 10 seconds</td>
<td>&gt; 10 seconds</td>
<td>Temporary immobility (e.g. recent injury or surgery)</td>
</tr>
<tr>
<td>3</td>
<td><strong>GET UP AND GO</strong></td>
<td>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.</td>
<td>Score of ≤ 2 Normal or near normal movement</td>
<td>Score of &gt; 2 Slowness, staggering, abnormal movement</td>
<td>Temporary immobility (e.g. recent injury or surgery)</td>
</tr>
</tbody>
</table>

#### COGNITION:
- **Conduct tests 1 and 2 OR tests 1, 3 and 4 - based on clinical judgement**

<table>
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</tr>
</thead>
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<tr>
<td>1</td>
<td><strong>MAZE TEST</strong></td>
<td>Measured by time taken to complete a standard maze. Includes a practice test. Scored by time in seconds and number of errors.</td>
<td>≤ 60 seconds, with 0-1 errors</td>
<td>&gt; 60 secs, w/ or w/out errors ≤ 60 secs, w/ 2+ errors</td>
<td>Missing corrective lenses, inability to write (e.g. tremor)</td>
</tr>
<tr>
<td>2</td>
<td><strong>MONTREAL COGNITIVE ASSESSMENT MoCA</strong></td>
<td>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.</td>
<td>Score of ≥ 26</td>
<td>Score of &lt; 26</td>
<td>Missing corrective lenses, inability to write (e.g. tremor)</td>
</tr>
<tr>
<td>3</td>
<td><strong>TRAIL MAKING B</strong></td>
<td>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.</td>
<td>≤ 180 seconds</td>
<td>&gt; 180 seconds</td>
<td>Missing corrective lenses, inability to write (e.g. tremor)</td>
</tr>
<tr>
<td>4</td>
<td><strong>CLOCK DRAWING</strong></td>
<td>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.</td>
<td>All criteria met</td>
<td>Failure to meet any criteria</td>
<td>Missing corrective lenses, inability to write (e.g. tremor)</td>
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* CONSIDER RETESTING AT FOLLOW-UP  | ** LOW SENSITIVITY WITH ILLITERACY AND INNUMERACY