

Transcript of email regarding Driver Assessment with Michael Taylor, OT

Evan: One question that interested students was the legal aspect of removing someone's license. In Missouri who has that authority or responsibility? Is it just the physician? Do you have such authority? Do your recommended restrictions carry the force of law? Do you pass the recommendations to the physician and then they do the deed?

Michael: All health care professionals have an ethical responsibility to perform some type of assessment or to refer to someone who does if driving problems are suspected. There are numerous cases on the books where physicians have been found liable for bodily injury and property damage for failing to warn patients regarding the effects of a medical condition or medication on driving. So we all have a responsibility to be aware of driving impairments and to do something about them.

Evan: To make a practical application: if a therapist observed, directly or indirectly a patient's unsafe driving behavior, would the logical action to take be to talk to the patient's physician to get them to refer the patient to someone like you for evaluation?

Michael: In Missouri, only the Department of Transportation or the physician can remove someone's license. The DOT can deny the license of a patient if he/she fails to pass the written or driving test or if a one does not meet the state minimum standards for peripheral vision or visual acuity. A physician can have a license revoked if there is evidence of a medical condition that impacts driving safety. When a physician sends in a Physician Statement, a patient's license is immediately revoked.

In Missouri, anyone can report an impaired driver using a Driver Condition Report but all this does is trigger a reevaluation by the state. On the surface, this may seem like a good way to assess patients, but it is important to note that the driving test used by the Missouri MVA was developed to provide assurance that novice drivers can demonstrate basic competency in handling a vehicle. It is therefore best suited to assessing maneuvering skills, but insufficient to determine whether an impaired driver is able to meet the attentional, cognitive and perceptual demands experienced across a range of traffic conditions encountered in everyday driving. I only use the Driver Condition Report as a last resort if I cannot get the referring physician to report the patient (which does happen).

Evan: How often do your evaluations come up with a "no pass", ie, shouldn't be driving even with any of the restrictions (such as you listed on a ppt slide)? Conversely, if you make a restriction such as "no highway driving" does that end up on their license?

Michael: When I make restrictions, they are not recognized by the state. To enforce them, I communicate them to the referring physician and he/she is then responsible to report them to the state and have them added to the patient's license. There are sometimes that I do not prefer to report restriction to the state. If I need to place restrictions on a client's license that I feel might be lifted after a time, I will not report. If restrictions are placed on a license, it is really, really hard to get them removed. Sometimes, clients just need to drive in less demanding, familiar traffic conditions for 3-6 months before they are able to safely drive in more complex traffic. If I want to restrict someone who has a progressive illness (dementia, MS, Parkinson's, etc) or if I have any inkling that he/she is either unwilling or unable to comply, I do request that the physician forward a Physician Statement to the state and have any restrictions added to one's license. When restrictions are reported to the state they show up on a client's license and each have a special code. If the patient is caught driving outside of any restriction, a traffic citation can be issued.

Regarding the "pass rate" of patients, the patients with dementia do not fare very well. More than half them do not pass, and for good reason. These patients are very, very unsafe. They will contend that they have been driving for 50 years without having a collision, but I wonder how many crashes they have caused along the way. Usually, clients with dementia are referred to me after the disease process is well advanced and there are significant functional impairments. The vast majority of TBI and CVA patients pass, but a good percent need some training and some minor restrictions. Keep in mind that most of my CVA patients live in small rural areas, so even with restrictions not to drive on multi-lane roads or on the highway, they are able to accomplish 90-95% of their driving needs and continue to live independently.

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