

The Elderly Driver

How to Keep the Roads Safe and Your Patient Happy

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Objectives

The Learner will be able to:

- ❑ Understand the 'Baby Boomer' and older populations that are currently active drivers
- ❑ Recall the absolute contraindications to driving
- ❑ Learn how to identify and address the "gray areas" of those elderly patients who likely should not be driving
- ❑ Review the implications of taking away their driver's license
- ❑ Identify public entities who can help you in this process



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The Ever Aging Population

- The number of older adult drivers is growing and they are driving longer distances
 - By the year 2030 the population of adults older than 65 **will double to 70 million**, making up more than 20% of the US population, the fastest growing segment of the population is the 80+ group³
 - We are to thank for that! It's great, except when it comes to liberties such as driving
 - **40 million** of these individuals will be licensed drivers³



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Driving Facts

- Studies have shown that those over 65 are more likely to wear seat belts³
 - less likely to:
 - Drive at night
 - Speed
 - Tailgate
 - Consume alcohol prior to driving
 - Engage in other risky behavior
- Elderly women are more likely to self-regulate their driving than older men



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Despite This Self Regulation

- Motor vehicle injuries are the **leading cause of injury-related deaths among** 65-74 year olds and the second leading cause (only after falls) among 75-84 year olds.
- While traffic safety programs have reduced the fatality rate for drivers under age 65, **the fatality rate for older drivers has consistently remained high** over the years, and will likely only increase with the aging population³



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The Fender Bender



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Elderly Driving

- The decline in ability to drive is just what one would assume, multifactorial
- Older driver car accidents are related to:
 - ▣ Sensory overload
 - ▣ Visual and mental processing speeds
 - ▣ Vision and hearing issues
- Events normally occur at intersections and involve left-hand turns



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It's Real Life...

- A LOCAL man working as a flagger has died following a car accident in Warren County on Sunday.
- PERSON, 46, was working in an unmarked utility work area on ROUTE around noon when he was struck by a westbound vehicle operated by DRIVER, 78, of AREA, according to state police.
- Police said DRIVER failed to see the flagger, who was reportedly standing on or near the westbound shoulder. The right front of DRIVER'S vehicle impacted the flagger.
- The force of the impact threw PERSON into a nearby lawn, according to the police report.



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It's Important!



Sailor Marie Carlson
1/25/17

LECOM Class
of 204x



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When Should Driving Cease?

- When is it your JOB to step in and say,
 - ▣ “It’s time we discuss driving.”



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PENDOT Medical Reporting

- WHAT IS MY LIABILITY IF I DO OR DO NOT REPORT?
 - ▣ If you DO report, you are **immune from any civil or criminal liability**.
 - ▣ If you DO NOT report, there is a **possibility that you could be held responsible** as a proximate cause of a crash resulting in death, injury or property loss caused by your patient.
 - ▣ Also, providers who do not comply with their legal requirement to report may be convicted of a summary criminal offense.¹



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PENDOT Medical Reporting

- The Health Insurance Portability and Accountability Act (HIPAA) does not restrict health care personnel from disclosing a patient's protected health information when disclosure to a state agency is required by law.
- **HIPAA regulations DO NOT apply to medical reporting to PennDOT and no individual consent to release of health information is necessary.**¹



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PENDOT Physical Criteria

- ☐ Visual acuity less than **20/70 (after correction)** and field of vision standards
- ☐ Hearing requirements (for school bus drivers only)
- ☐ Seizure disorder
- ☐ Unstable diabetes
- ☐ Cardiovascular conditions
- ☐ Cerebral vascular insufficiency
- ☐ Periodic episodes of loss of consciousness and/or awareness
- ☐ Loss or impairment of joint or extremity
- ☐ Rheumatic, arthritic, orthopedic, muscular, vascular or neuromuscular disease expected to last longer than 90 days
- ☐ **Use of any drug or substance that is known to impair skill or function**



PENDOT Mental Criteria

- ☐ Cognitive impairments
- ☐ Inattentiveness to the task of driving
- ☐ Contemplation of suicide
- ☐ Excessive aggressiveness or disregard for the safety of self or others or both, presenting a clear and present danger



What the DMV Will Do

- All driver's must renew **every four years**
 - Drivers 65 and older **every two years**
- Testing is RANDOM for those >45
 - 1650 random tests monthly



DMV Restrictions

- Driving only:
 - With air brakes
 - Mirrors on both sides
 - Automatic transmissions
 - During daylight hours
 - Specific geographic area
 - Wearing hearing aides²



Actual Recommendations

- “Ultimately, the recommendations provided **direct the physician to identify, correct or stabilize any functional deficits** that may impair the patient’s driving performance and/or refer to a driver rehabilitation specialist.”²



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Where to go from here?



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Your Initial Evaluation

- The loved ones are your greatest initial ally
 - ▣ A good rule of thumb is to check up on your elderly patients more often, say every 3 months
 - ▣ Strive to have their loved one present at least at every other visit, about every 6 months
- Focus on the 3-key functions for safe driving:
 - ▣ Vision
 - ▣ Cognition
 - ▣ Motor/somatosensory function



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DON'T Make it "About Driving"

- At least not initially
- Do your normal work up and evaluation while you fully well know you want to assess capability to drive
 - ▣ You need to be more aware of adding this to your evaluation, at least yearly or with suspicion



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Bring It Up In Normal Conversation

- “How do you get to the store?”
- “Your son lives in Pittsburgh, how often do you go see him?”
 - ▣ “How did you get there?”
- Ask the loved ones directly about driving AFTER you have asked the patient
 - ▣ Empower your patient at all times, they are the focus and they should never feel like a decision is being made for them



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Family Inquiries

- This makes it easy and difficult at the same time
 - ▣ The **family wants YOU to make the decision**
- This is when the patient may get resistant and the inevitable argument between loved ones will occur right there in front of you
 - ▣ What is your next best step to go about the intensifying situation?



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Driving is a Privilege

- ❑ Before you jump into discussing driving cessation, do more!
- ❑ Special testing and public facilities can help give you concrete ground to stand on when you have that dreaded patient discussion before you step in to take away their driver's license



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ADReS Assessment

- ❑ Visual fields by confrontation testing
- ❑ Snellen E chart
- ❑ Rapid pace walk
- ❑ Manual test of range of motion
- ❑ Manual test of motor strength
- ❑ Clock drawing test
- ❑ Trail making test



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Visual Fields by Confrontation

- Start 3 feet from the patient, at eye level
- Closing opposite eyes the examiner tests each field of vision holding up a certain number of fingers while the patient identifies the fingers
- Note field defects or areas in which identification took too long (although time is not usually assessed or quantified, it will come in handy when discussing driving abilities)



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Snellen E Chart

- Best performed in a hallway at 20 feet

| | | |
|-------------------|----|--------|
| E | 1 | 20/200 |
| F P | 2 | 20/100 |
| T O Z | 3 | 20/70 |
| L P E D | 4 | 20/50 |
| P E C F D | 5 | 20/40 |
| E D F C Z P | 6 | 20/30 |
| F E L O P Z D | 7 | 20/25 |
| D E F P O T E C | 8 | 20/20 |
| L E F O D P C T | 9 | |
| F D P L T C E O | 10 | |
| P E Z O L C F T D | 11 | |



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Rapid Pace Walk

- Measures:
 - ▣ Lower limb strength
 - ▣ Endurance
 - ▣ ROM
 - ▣ Balance
- Walk back/forth 10 feet each way at best pace, using any assist device they always use
- Greater than 9 seconds
 - ▣ Increased risk of at-fault accidents

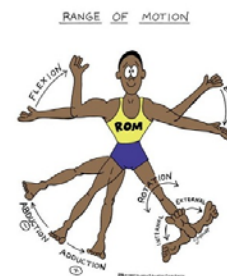


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Manual Test of ROM

- Neck Rotation
 - ▣ Look over shoulder like your backing up
- Shoulder and Elbow Flexion
 - ▣ Pretend R/L turn holding a steering wheel
- Finger Curl
 - ▣ Make a fist with both hands
- Ankle Plantar Flexion
 - ▣ Pretend stepping on gas pedal
- Ankle Dorsiflexion
 - ▣ Pick foot off the pedal

Note excessive hesitation, pain or limits in ROM



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Manual Test of Motor Strength

□ Flexion/Extension and Abduction/Adduction:

- Shoulder
- Wrist
- Hand grip [strength]
- Ankle

5/5 – Movement against gravity at full resistance
 4/5 – Movement against gravity at some resistance
 3/5 – Movement against only gravity
 2/5 – Movement with gravity eliminated
 1/5 – Visible/palpable muscle contraction only
 0/5 – No contraction



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Trail-Making Test



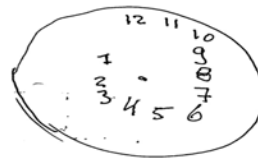
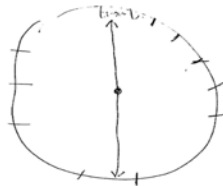
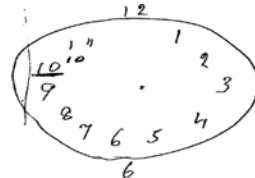
Connect 1-A-2-B-3 etc..



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Clock Drawing Test

- Tests all 3:
 - Visual/Spacial
 - Cognitive
 - Motor



Poor ADReS Score or Next Step

- Look into local Driving Rehabilitation Specialists
- This gives you even more evidence and reason to remove their driving privileges...



Driving Rehabilitation Specialists

- Can provide items that assist drivers:
 - ▣ Hand Controls
 - ▣ Pedal Extenders
 - ▣ Left Foot Gas Pedals
 - ▣ Modified Entry
 - ▣ Variable Effort Steering
- More importantly, they provide an array of testing



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Transportation Solutions

- Driving evaluations are performed by trained personnel
- Driving evaluations consist of:
 - ▣ vision testing
 - ▣ cognitive testing
 - ▣ a physical assessment and an
 - ▣ on-road assessment
- **Most medical insurances are accepted**
- Recommendations are given the same day
- A full report is completed and sent to the individual and their referring physician upon completion of the evaluation⁵



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Now Report to the State

- It is ultimately the responsibility of the State whether the patient should still be allowed to drive
- Ensure you tell the patient that you are sending all the collected information to the driving department and that this is your job to report the findings accumulated
- **Transportation Solutions would do this portion for you**



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The License is now Gone

- It doesn't end, now you have to help them with their new lifestyle; Their next step



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New Morbidity

- Start seeing the patient more frequently in alignment with their transportation abilities
 - ▣ Ensure they can get there and not having them feel like they are further constrained by not driving
- Things to watch for
 - ▣ Depression
 - ▣ Anxiety
 - ▣ Suicidal ideation
 - ▣ Loneliness
 - ▣ Worsening cognitive disease



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New Support

- Identify or create a support system
 - ▣ Others who can drive them
 - ▣ Others who don't drive that they can tag along with "on the same ground"
 - ▣ Social/Case worker
 - ▣ Community service options [LifeWorks]



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Resources

- 1- PENDOT
- 2- DMV
- 3- US Department of Transportation 2nd Edition, “Physician’s Guide to Assessing and Counseling Older Drivers”. Open Online Resource.
- 4- UpToDate Inc.
- 5- Transportation Solutions Inc.

