

# Driver's Evaluation and Training for Individuals with Myositis



KentuckyOne Health™

# **FRAZIER REHAB INSTITUTE'S DRIVING PROGRAM**

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**KentuckyOne Health™**

# Who and What is a CDRS?

- Suzanne Farnan-Maddux
  - Graduated from Eastern Kentucky University in 1993, BS in Occupational therapy. (OTR/L = registered/licensed)
  - Worked as an OT for 20 years, 15 of those years in the job as Driving Rehab Specialist at Frazier Rehab Institute.
  - In 2000 became a Certified Driving Rehab Specialist.
  - Work with ADED for continuing education in the field of driving evaluations, adaptive equipment, training and modification.


# Services Provided in Frazier's Driving Program:

- Driving Evaluations/screenings.
- Driver's training
- Vehicle modification evaluations
- Equipment fittings/trainings in modified vehicle
- Passenger fittings for adaptive equipment needs.
- Permit training.

# Why a Driver's Evaluation

- Change in health status:
  - Decline in ability, significant hospitalizations
- Question about safety as a driver.
  - Family, client, MD.
- Liability due to previous accident history or significant trauma/medical diagnosis.
  - Newly diagnosed with a progressive disease
  - SCI, CVA, TBI etc.


# Frazier Rehab's Goal for the Driving Evaluation Program

- To return the client to independent driving, even on a limited/restricted basis if they have the skills to drive safely.
  - However, if the client demonstrates safety risks to themselves or the public, the client's driving privileges would be removed.
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# Who is eligible for a Driving Evaluation?

- Any Individual who is interested.
- What do you need to participate?
  - A doctors order
  - A valid driver's license or permit
  - To be seizure free for 90 days in the state of Kentucky.
    - Each state has different criteria with regards to seizures, check with the governing body in your state.

# Is a Driving Evaluation Covered by Insurance?

- In general driving evaluations are not covered by medical insurance. Medicare establishes guidelines for most services and it has deemed that driving evaluations are not medically necessary.
  - “You are not going to die if you don’t drive”
  - Most evaluations are an Out of Pocket cost to the customer. Can run \$250-\$750 depending on facility.
  - Vocational Rehab, workman’s comp, BI trust fund can provide financial assistance if appropriate.
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# Who Can Refer for a Driving Evaluation?

- Referral Process

- Treating physician, rehab/psy. therapist, nurse case managers, social worker, family and/or the client themselves.
- Also we receive referrals from workman's comp, voc rehab, school systems.
- In Kentucky, the Medical Review Board and Disability Court.


# Evaluation Process

- There are two parts of the evaluation
  - Clinical Assessment
  - Behind the Wheel Assessment
- Time for the evaluation
  - 2 hour evaluation and/or 1 ½ to 2 hours for screening (based on how quickly the client moves through the process)

# Components of the Clinical Assessment

- Physical components
  - Do you have the physical abilities to operate a vehicle.
- Cognitive components
  - Do you have the cognitive skills for driving: memory, insight, judgment, multitasking, problem solving?
- Visual-perceptual components
  - Acuity, tracking, saccades, depth perception, spatial relationships.
- Reaction times
  - Ability to execute and react appropriately to what is occurring.

## Behind the Wheel components

- Driving routes are tailored to the client's abilities or deficits
  - Driving with adaptive equipment to determine ability with equipment and training needs.
  - Recommendations/Restrictions are based on a combination of the clinical and BTW performance.
  - Driver's training is immediately identified.
  - Communication with the client's MD and Licensing branch will/may occur.
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# Adaptive Equipment

- Frazier is a sedan level program and utilizes hand controls, left foot accelerator, spinner knobs, right turn signal extenders, and pedal extensions.
- If a client needs higher level equipment such as Electric gas brake, reduced/zero effort steering, switches for secondary controls etc, then the individual will need to be referred to a van/minivan evaluation service.

# Adaptive Equipment Continued

- Training is identified after the behind the wheel assessment. Voc rehab has minimum training requirements (6 hours). When paying out of pocket their training requirements are based on performance. They are not discharged from training until they demonstrate safe and proficient skills.
- A prescription/proposal for adaptive equipment will be issued after the client has successfully completed the training. A vendor will not install the equipment without a prescription/proposal.
  - Superior Van and Mobility
  - Moving On Mobility

# Driving Recommendations or Restrictions.

- Outcome of assessment is not only pass/fail, there is middle ground.
- Restrictions can include:
  - Distance restriction from home
  - No night driving
  - No interstate driving
  - Adaptive equipment/training; refresher training
  - Accompanied driver

## Are Outcomes Reported?

- The treating/referring physician who wrote the order for the evaluation will get a doctor's note indicating that the client did participate in the evaluation and what the recommendations/restrictions were.
- The Medical Review Board is Kentucky's agency that monitors restricted drivers due to medical issues. Restrictions are placed on the driver's license. If an individual is asked to refrain from driving it is reported to this agency as well.



# Implications for Driving for Individuals with Myositis

- The type of Myositis identified will determine the level of deficits and impact on driving ability.
- Modifications may be appropriate to prolong driving for an individual.
- An evaluation is going to identify the client's strengths and weaknesses. This will also allow the client to be educated by options that may assist with issues related to weakness.

# Dermatomyositis (DM)

- **Symptoms**
- **Painful and/or itchy rash caused by inflammation of blood vessels under the skin and in the muscles**
- **Sudden or progressive weakness in muscles in neck, hip, back and shoulder muscles**
- **Difficulty swallowing (dysphagia), a feeling of choking**
- **Hardened lumps or sheets of calcium, called calcinosis, under the skin**
- **Changes in voice (dysphonia), especially hoarseness.**
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## Driving Implications with DM

- Seating and positioning behind the wheel – lumbar support or custom cushions for positioning.
- EC/WS – when driving should be avoided.
- Low tech modifications can include: blind spot mirrors, panoramic rear view mirrors, steering devices (spinner knob).

# Inclusion-Body Myositis

- **Symptoms**
- **Weakness and noticeable shrinking of the quadriceps (main muscle of the thighs), causing falls**
- **Weakness in the forearm muscles**
- **Weakness of muscles below the knees, causing the foot to drop and toes to catch when walking**
- **Weakness of flexor muscles of the fingers used for gripping**
- **Weakness of throat muscles, causing trouble swallowing (dysphagia) and possibly choking**
- **Pain or discomfort as muscles weaken**
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# Driving Implications with IBM

- The client may need adaptive equipment that gradually evolves as symptoms change.
  - Initially positioning
  - Increase to low tech options for driving, depending on deficits: hand controls, steering devices that limit gripping example: tri-pin.
  - Increase to high tech adaptive equipment that will depend on deficits and rate of progression.
    - Electric gas brake, secondary switches for example
    - Address mobility device to assist with ambulation as falls risk increases.

# Polymyositis (PM)

- **Symptoms**
- **Marked weakness in the muscles closest to the center of the body, like the forearms, thighs, hips, shoulders, neck and back**
- **Sometimes, weakness in the fingers and toes**
- **Thickening of the skin on the hands (mechanic's hands)**
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## Driving Implications for PM

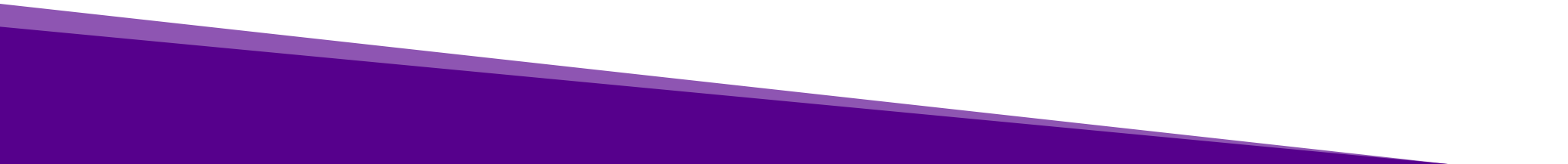
- Mirrors to assist with weakness in neck.
- Lumbar support to assist with positioning.
- Working closer to the steering wheel to assist with control and coordination.
- Steering devices to assist with increasing function during period of deficit.
- Driving gloves to increase grip for steering wheel.
- Will depend on level of deficit compared to ability.

# Notes regarding types of Myositis


- “A review of many dermatomyositis and polymyositis cases found that 20% of the patients recover completely, although we don't say they are "cured." These patients will never have another active period, or flare. Often doctors will say that people are "in remission" when there is no sign of disease activity. Others will have flares for a long time before the disease is controlled, and some will have periodic flares all their lives. These outcomes depend in part on the speed of diagnosis and treatment.”
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## In Conclusion

- Every case and type can have a different recovery path. Timeframes may also vary.
  - A driving evaluation can be a very effective tool for improving safety and independence, or identifying adaptive equipment that will assist in continuing the client's independence with driving.
  - Talk with your physician. A driving evaluation should be not during an acute phase or flare up, but as recovery is progressing.
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## Conclusion continued

- Mobility devices to assist with falls prevention and lifts to transport these devices can also be identified with a CDRS during a driving evaluation.
  - Passenger evaluations for equipment would be an option.
  - Clients with IBM may gradually progress from low tech to high tech equipment. A CDRS can help navigate, evaluate and educate the best path to remain independent with driving.
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# QUESTIONS?



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