

## Table 4. Example of a Comprehensive Driving Evaluation Format

### Occupational Therapy Comprehensive Driving Evaluation or Occupational Therapy Driving Risk Evaluation

**Patient/Client Name:**

**Date of Report:**

**DOB:**

**Age:**

**Referring Physician:**

**Primary Medical Diagnosis:**

**Comorbidities:**

**Current Medications:**

**Summary of Outcome for this Comprehensive Driving Evaluation (or Risk Assessment) on [date]:** *Similar statement to one of these below.*

Based on the clinical assessments, functional evaluation, diagnosis, and the on-the-road assessment, [name] was deemed **not medically fit to drive** with the recommendation to **cease driving immediately.**

Based on the clinical assessments, functional evaluation, diagnosis, and the on-the-road assessment, [name] was deemed **fit to drive** with the recommendation to **return to driving.**

Based on the clinical assessments, functional evaluation, diagnosis, and the on-the-road assessment, [name] was deemed **medically fit to drive** with the following restrictions: [if allowed in your state.]

**Current License (state):**

**License Number:**

**Issued:**

**Expires:**

**Current Restrictions:** None

**Occupational Profile:**

Brief paragraph about client, family, living situation, function, goals and values.

**Driving History by Client and Spouse:** *State who gave the driving history and likelihood of accuracy.*

Brief paragraph of driving history, including self restrictions, tickets, crashes, close calls. Include type of vehicle driven.

**Self Report or Proxy Report of Functional Performance:** *State clearly who is giving report.*

**Self-Care:**

**Meal preparation:**

**Money management:**

**Medication Management:**

**Other comments: (shopping, house maintenance, yard work)**

**Functional Performance Testing:**

**Assessment of Motor & Process Skills (AMPS)** is a standardized evaluation of a person's ability to perform IADL tasks. The person is observed doing familiar tasks using criterion referenced testing measures and scored on the two measures (motor and process).

Can use any other observable, standardized evaluation, interpret the scores to your audience.

**[NAME] Outcome:** State overall outcome

	<b>Ability Measure*</b>	<b>Percentile Rank</b>	
<b>Motor</b>	[score] logits	[score from AMPS report]	Compared to it other healthy people the same age, only [% score] will likely have <b>higher/lower</b> ADL motor scores.
<b>Process</b>	[score] logits	[score from AMPS report]	Compared to it other healthy people the same age, [% score] will likely have <b>higher</b> ADL process scores, indicating significant deficits.

\*AMPS is based on multi-faceted Rasch measurement model. Logits are odd ratios and research indicates that criterion scores for driving independence is Motor 2.0 logits and Process 1.0 logits.

**Summary of Clinical Assessments / Component Testing:**

*Depending on diagnosis and your particular evaluations, you may add or delete specific assessments. The Optec is nice to have, but not necessary.*

<b>Cognitive Tests &amp; Outcome</b>	Score (if applicable)	<b>Interpretation. Use the GRID!</b>
Education		
Trails A	sec	
Trails B	sec	
Clock Drawing		
MOCA or BCAT		
Snellgrove Maze Test		

<b>Vision Tests &amp; Outcome Using Optec and functional assessment</b>	Score (if applicable) <i>Use within functional limits</i>	<b>Interpretation. Use the GRID!</b>
Peripheral Vision		
Right eye		
Left eye		
Vision Acuity		
Contrast Sensitivity	WFL	
Visual Scanning	WFL	

<b>Motor Tests &amp; Outcome</b>	Score (if applicable) <i>Use within functional limits</i>	<b>Interpretation. Use the GRID!</b>
Rapid Pace Walk		WFL
Falls Risk		
Trunk Flexibility	WFL	
Neck Flexibility	WFL	
Overall ROM	WFL	No deficits noted

**Summary:**

Sumarize the clinical results and quantify driving risk.

**On Road Assessment:**

[Name] completed the on-road assessment of the Comprehensive Driving Evaluation with licensed driving instructor and occupational therapist for approximately 45 minutes progressing from a parking lot to low traffic onto moderate traffic [and highway].

Describe the performance in terms of critical errors, performance in operational, tactical and strategic. Give specific examples of appropriate or inappropriate actions. Bullet points are useful.

**Recommendations:**

State your recommendation clearly: cease driving, restricted driving (if they are able to follow the rules), fit to drive, or training needed.

Thank you for the opportunity to participate in the care of this client and his family. Please contact us should you need any further information.

**OT Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Check with your legal team for a similar statement: The results and recommendations included in this report are based on the client's performance during the period of the evaluation and should not be relied on as absolute predictors of future performance. The conclusions reached and the recommendations made in this report are based in part upon the medical information available at the time that this report was written. If subsequent to the issuance of this report, the client's medical status changes in such a manner that may compromise the client's abilities, this report may no longer be relied upon as valid.*