



## About Strowmatt Rehab Services:

- ▶ Occupational Therapy TBOTE registered private practice clinic established to provide driver evaluation and training to persons with disabilities
- ▶ TDLR Licensed Driving School
- ▶ Staff made up of OT's/COTA's, Certified Driver's Rehab Specialists (CDRS), TDLR Licensed teaching assistants.
- ▶ The Term DRS is a self-appointed Title

## Requirements for Entering our Program:

- ▶ Referral/Prescription from Physician
- ▶ Client Pre-Appointment Questionnaire
- ▶ Copy of Valid Driver's License or Learner's Permit
- ▶ DL-63 Form (no more than 3 months old)
- ▶ Seizure Free for 3 Months
- ▶ Funding Source in place.

## Requirements for New Drivers

- ▶ Persons younger than 18 years of age:
  - Must present with a valid permit obtained through participating in 32 hours of classroom instruction and passing the written test at the DPS.
  - Require a minimum of 44 hours of training, with at least 10 being night driving.
- ▶ Persons 18 years or older:
  - Must take a 6-hour adult class in order to obtain a permit
  - Access to an online course is available via a link at our website, [www.DriverRehabServices.com](http://www.DriverRehabServices.com)

## What we typically do:

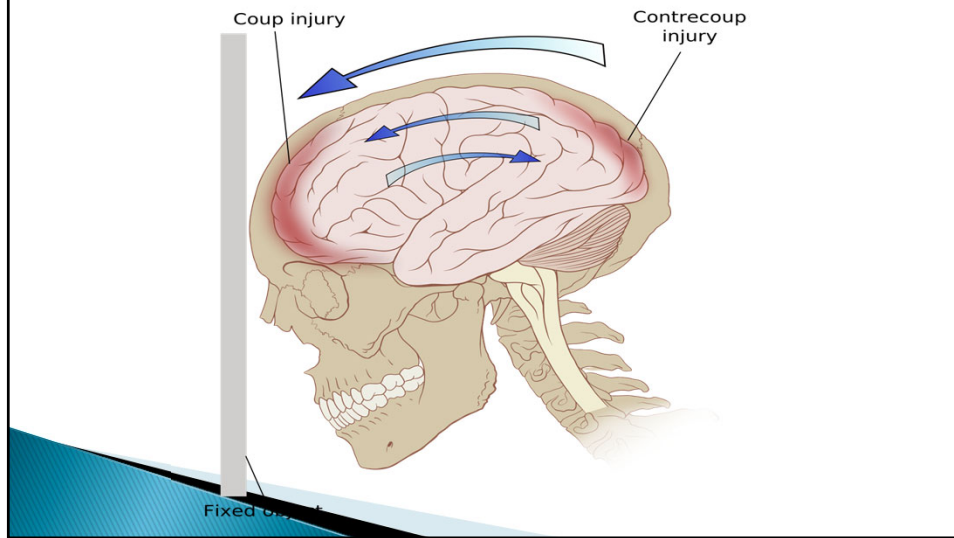
- ▶ Driver Evaluations:
  - Clinical Evaluation
  - Behind the Wheel Evaluation
  - Car Evaluation
  - Van Evaluation
- ▶ Behind the Wheel Training
  - Training in preparation for a DPS road examination
- ▶ Equipment Prescription
  - Equipment recommendations
  - Accompaniment to Vehicle Modifier

## Medical & Driving History

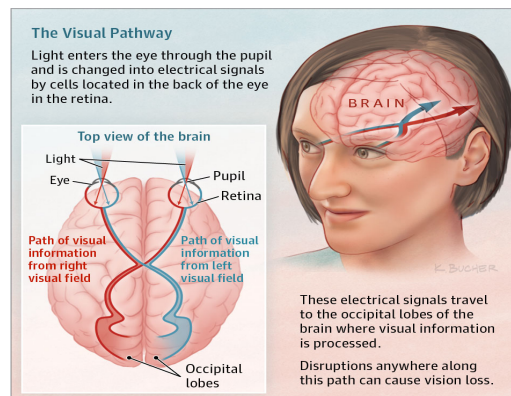
NAME: \_\_\_\_\_ ONSET: \_\_\_\_\_  
 DIAGNOSIS: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 SECONDARY DIAGNOSIS(ES): \_\_\_\_\_

MEDICAL HISTORY	DRIVING HISTORY
___ Pulmonary (Lung) Diseases: (COPD, OSA, etc.) Onset: _____ ___ Cardiovascular (Heart) Diseases: (a-fib, pacemaker, etc.) Onset: _____ ___ Hypertension/Hypotension Medications: _____ ___ Syncope: Yes or No Explanation: (unexplained, vasovagal, etc.) _____ Last Occurrence: _____ <b>Neurological Disorders:</b> ___ CVA / TIA (right or left) Onset: _____ ___ Spinal Cord Injury Onset: _____ Level: _____ ___ Convulsive (Seizure) Disorder, Epilepsy, etc. Onset: _____ Medications: _____ ___ Dementia/Cognitive Deficits Onset: _____ ___ TBI Onset: _____ LOC/Coma: Yes or No Length: _____ ___ Movement Disorder (Parkinson's Disease, Chorea/athetosis, Tremors, Dystonia) Onset: _____ Medications: _____ ___ Narcolepsy	1. Driver's License/Permit number: _____ State: _____ Expiration: _____ Restrictions: _____ Must Hold permit until: _____ 2. Total Years of Driving Experience: _____ 3. Total moving violations obtained: _____ 4. Types of moving violations: _____ 5. Total number of traffic accidents involved in: _____ 6. Total number of traffic tickets in the last 3 years: _____ 7. Has your license ever been revoked/suspended? Yes or No Date: _____ 8. Any charges against your license that are pending? Yes or No Date: _____ 9. Have you received any notifications from the Medical Advisory Board or Department of Public Safety? Yes or No Remarks: _____ NOTES: _____

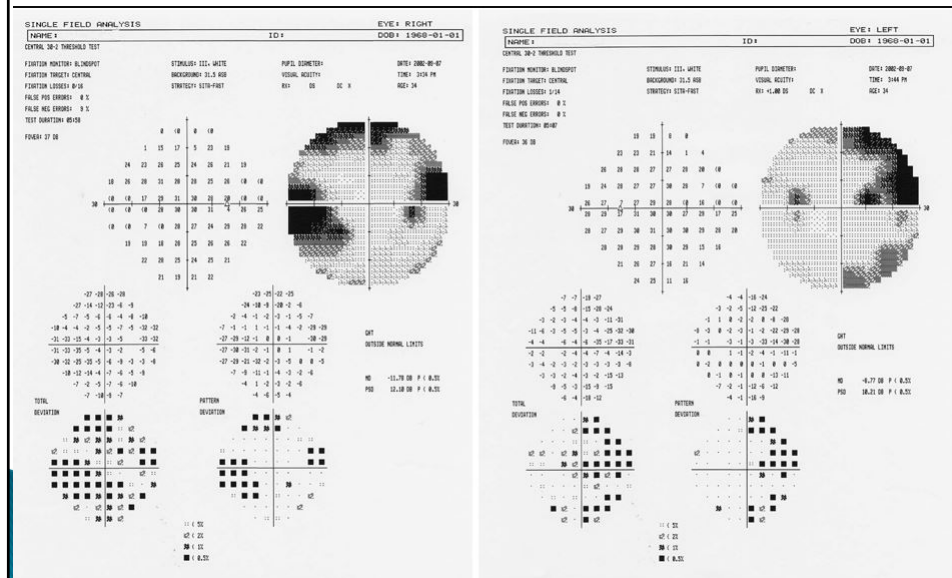
## Example of Common Effect of Traumatic Brain Injury



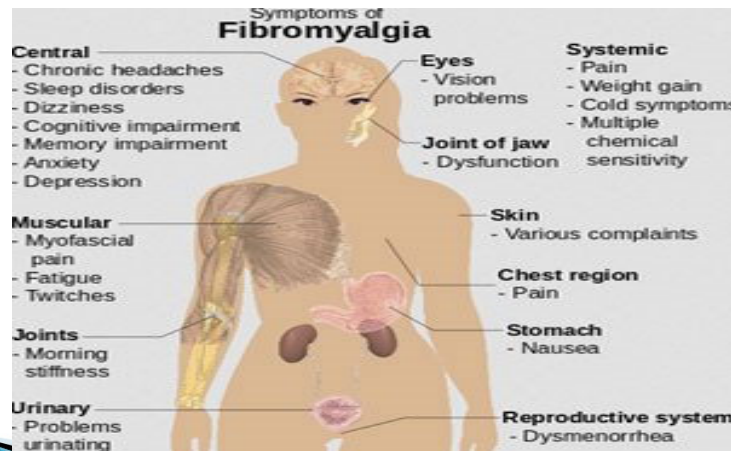
## Visual Pathway Example



# Visual Field Examination Results



# Fibromyalgia Symptoms

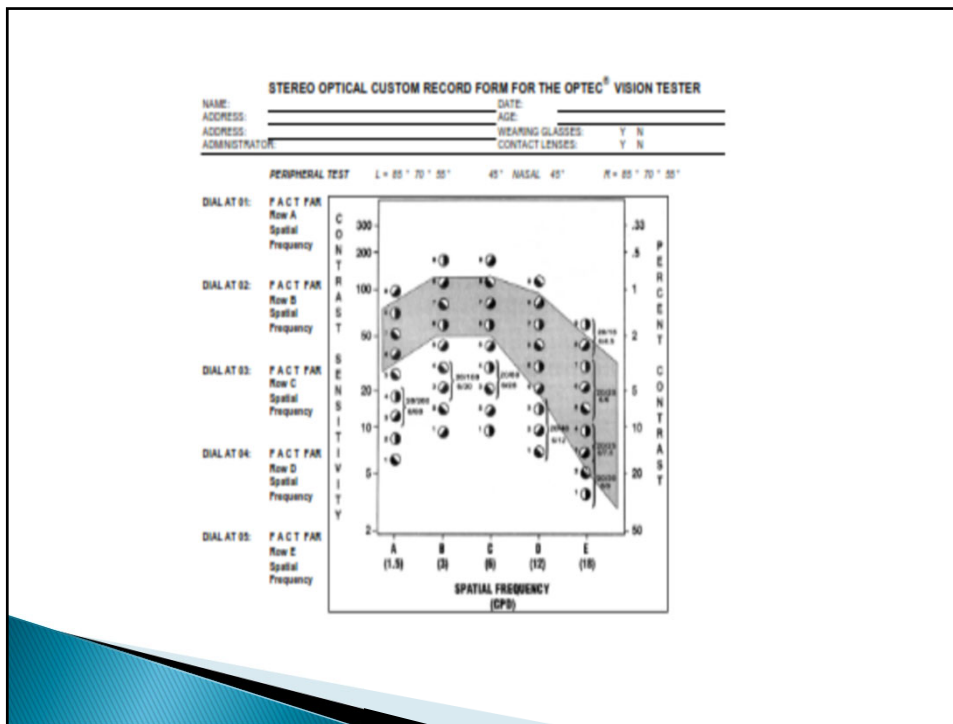


## Clinical Evaluation

- ▶ Medical/Driving History (Anxiety Measurement GAD-7)
- ▶ Optec Eye Examination
- ▶ Cognitive/Perceptual Assessment
- ▶ Physical Assessment
- ▶ Behind the Wheel Evaluation

## Optec 5000 Test Kit





<p>DIAL AT 06: ACUITY - FAR Score: 20' _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>LINEACUITY</th> <th>LEFT EYE</th> <th>BOTH EYES</th> <th>RIGHT EYE</th> </tr> </thead> <tbody> <tr><td>1 20/200</td><td>R N</td><td>R D</td><td>R K</td></tr> <tr><td>2 20/100</td><td>R K S</td><td>R N C</td><td>Z O D</td></tr> <tr><td>3 20/75</td><td>H C D V</td><td>S K Z O</td><td>R N D S</td></tr> <tr><td>4 20/50</td><td>Z R O D</td><td>N S C H</td><td>V Z R N</td></tr> <tr><td>5 20/40</td><td>K H S C</td><td>O Z N R</td><td>D N V C</td></tr> <tr><td>6 20/30</td><td>O N R Z V</td><td>O R H C S</td><td>K D S O N</td></tr> <tr><td>7 20/20</td><td>S D C H N</td><td>V R Z K O</td><td>H S N R D</td></tr> </tbody> </table> <p>DIAL AT 07: COLOR PERCEPTION - FAR A-12 B-5 C-26 D-6 E-16 P-BLANK PASS _____ FAIL _____</p> <p>DIAL AT 08: LATERAL PHORIA - FAR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15          ESOPHORIA ORTHO EXOPHORIA</p> <p>DIAL AT 09: DEPTH PERCEPTION - FAR SECONDS OF ARC 1-B 2-L 3-B 4-T 5-T 6-L 7-R 8-L 9-R          400 200 100 70 50 40 30 25 20</p> <p>DIAL AT 10: SIGN RECOGNITION / * DENOTES DEPTH PERCEPTION</p> <table border="0" style="width: 100%;"> <tr> <td>1. HILL</td> <td>5. REGULATION</td> <td>9. STOP SIGN</td> </tr> <tr> <td>2. HANDICAPPED PARKING</td> <td>6. * YIELD (320 Sec of Arc)</td> <td>10. RR CROSSING</td> </tr> <tr> <td>3. * DIVIDED HIGHWAY (581 Sec of Arc)</td> <td>7. NO U TURN</td> <td>11. * SCHOOL ZONE (145 Sec of Arc)</td> </tr> <tr> <td>4. NO PARKING</td> <td>8. DO NOT ENTER</td> <td>12. NO PASSING</td> </tr> </table> <p>DIAL AT 11: COLOR RECOGNITION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>LINE A</th> <th>1=AMBER</th> <th>2=GREEN</th> <th>3=RED</th> <th>4=BLUE</th> </tr> </thead> <tbody> <tr><td>LINE B</td><td>1=RED</td><td>2=AMBER</td><td>3=BLUE</td><td>4=GREEN</td></tr> <tr><td>LINE C</td><td>1=GREEN</td><td>2=BLUE</td><td>3=AMBER</td><td>4=RED</td></tr> <tr><td>LINE D</td><td>1=BLUE</td><td>2=RED</td><td>3=GREEN</td><td>4=AMBER</td></tr> </tbody> </table>	LINEACUITY	LEFT EYE	BOTH EYES	RIGHT EYE	1 20/200	R N	R D	R K	2 20/100	R K S	R N C	Z O D	3 20/75	H C D V	S K Z O	R N D S	4 20/50	Z R O D	N S C H	V Z R N	5 20/40	K H S C	O Z N R	D N V C	6 20/30	O N R Z V	O R H C S	K D S O N	7 20/20	S D C H N	V R Z K O	H S N R D	1. HILL	5. REGULATION	9. STOP SIGN	2. HANDICAPPED PARKING	6. * YIELD (320 Sec of Arc)	10. RR CROSSING	3. * DIVIDED HIGHWAY (581 Sec of Arc)	7. NO U TURN	11. * SCHOOL ZONE (145 Sec of Arc)	4. NO PARKING	8. DO NOT ENTER	12. NO PASSING	LINE A	1=AMBER	2=GREEN	3=RED	4=BLUE	LINE B	1=RED	2=AMBER	3=BLUE	4=GREEN	LINE C	1=GREEN	2=BLUE	3=AMBER	4=RED	LINE D	1=BLUE	2=RED	3=GREEN	4=AMBER	<p>DIAL AT 06: ACUITY - NEAR Score: 20' _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>LINEACUITY</th> <th>LEFT EYE</th> <th>BOTH EYES</th> <th>RIGHT EYE</th> </tr> </thead> <tbody> <tr><td>1 20/100</td><td>S V C</td><td>N R R</td><td>R Z D</td></tr> <tr><td>2 20/75</td><td>R N Z H</td><td>D O K V</td><td>C S Z N</td></tr> <tr><td>3 20/50</td><td>C R V D</td><td>S N Z R</td><td>D O R C</td></tr> <tr><td>4 20/40</td><td>V H R N</td><td>O D S K</td><td>N Z C S</td></tr> <tr><td>5 20/30</td><td>H S K R C</td><td>N Z D O V</td><td>Z S H N R</td></tr> <tr><td>6 20/20</td><td>Z O N V R</td><td>H C S K D</td><td>V K C O S</td></tr> </tbody> </table>	LINEACUITY	LEFT EYE	BOTH EYES	RIGHT EYE	1 20/100	S V C	N R R	R Z D	2 20/75	R N Z H	D O K V	C S Z N	3 20/50	C R V D	S N Z R	D O R C	4 20/40	V H R N	O D S K	N Z C S	5 20/30	H S K R C	N Z D O V	Z S H N R	6 20/20	Z O N V R	H C S K D	V K C O S
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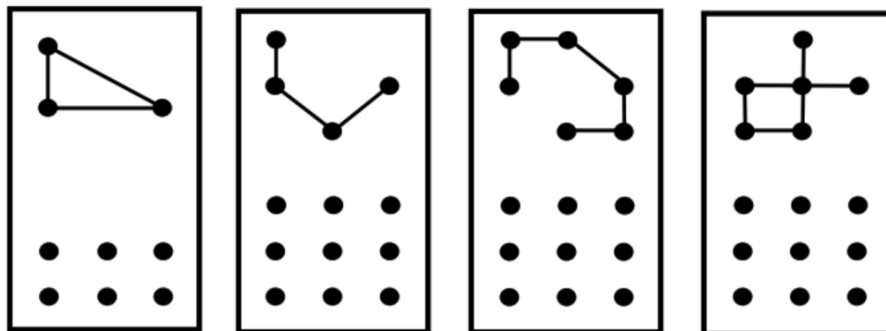
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## Cognitive/Perceptual Assessment

- ▶ Design Copy
- ▶ Bells Test: Timed
- ▶ Trail Making A & B: Timed
- ▶ Sign Identification: Timed (90 seconds or less)
- ▶ Map Reading Timed (150 seconds or less)
- ▶ Motor Free Visual Perceptual Test IV (MVPT)
- ▶ Driver Performance Analysis System (DPAS)
- ▶ Brief Cognitive Assessment Test (BCAT)

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## Design Copy Top Half





## Design Copy Bottom Half

Four boxes for design copy practice. Each box contains a dot grid with a line drawing above it. The drawings are: 1) A triangle with a point inside connected to the top two vertices. 2) A horizontal line with a point above it connected to the left end, and a point below it connected to the right end. 3) A complex shape with multiple points and connecting lines. 4) A more complex shape with many points and connecting lines.

### Design Copy

Eight boxes for design copy practice, arranged in two rows of four. Each box contains a dot grid with a line drawing above it. The drawings are: Row 1: 1) A triangle. 2) A V-shape. 3) A shape with a horizontal top and a vertical right side. 4) A square with a horizontal line extending from the top-right corner. Row 2: 1) A triangle with an internal point. 2) A horizontal line with points above and below. 3) A complex shape with multiple points. 4) A complex shape with many points.

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### Bells Test-Client

**Scoring:**

The total number of circled bells is recorded as well as the time taken to complete. The maximum score is 35. An omission of 6 or more bells on the right or left half of the page indicates USN. Judging by the spatial distribution of the omitted targets, the evaluator can then determine the severity of the visual neglect and the hemispace affected (i.e. left or right).

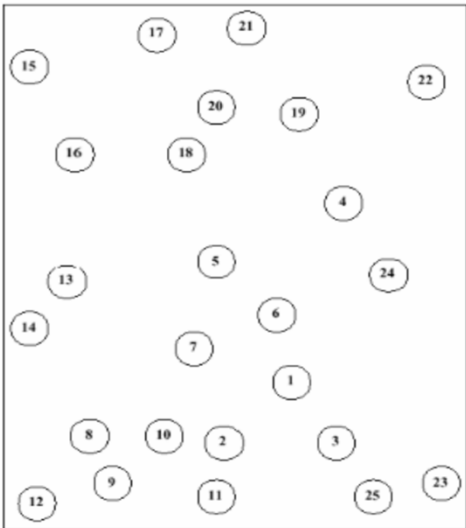
The sequence by which the patient proceeds during the scanning task can be determined by connecting the bells of the scoring sheet according to the order of the numbering.

**Time:**

Less than 5 minutes.

**Trail Making Test Part A**

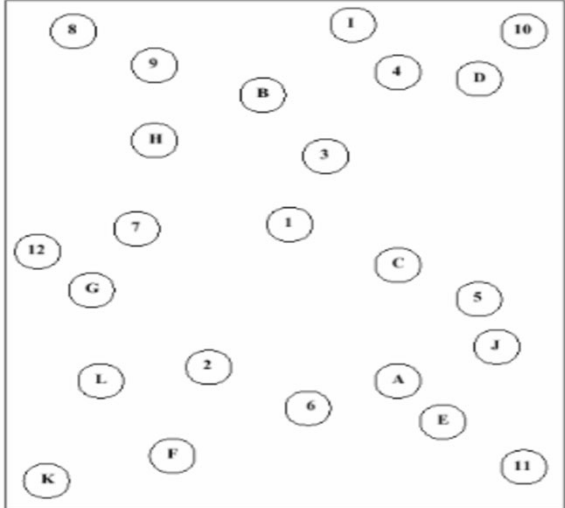
Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_



A square grid containing 25 numbered circles (1-25) scattered across the area. The numbers are: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25.

**Trail Making Test Part B**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_



A square grid containing 12 numbered circles (1-12) and 12 lettered circles (A-L) scattered across the area. The numbers are: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12. The letters are: A, B, C, D, E, F, G, H, I, J, K, L.

# Trails A & B Cut Points

**Scoring:**

Results for both TMT A and B are reported as the number of seconds required to complete the task; therefore, higher scores reveal greater impairment.

	Average	Deficient	Rule of Thumb
Trail A	29 seconds	> 78 seconds	Most in 90 seconds
Trail B	75 seconds	> 273 seconds	Most in 3 minutes

Follow Directions: *PUT THE LETTER UNDER EACH SYMBOL IN THE SPACE NEXT TO THE CORRECT MEANING*

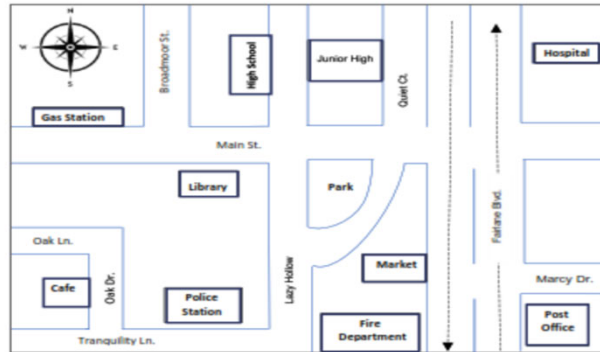
1. Turn Left or Straight Ahead Legal _____	6. Winding Road _____	11. Slippery When Wet _____
2. Left Turn Only _____	7. Reduce Speed Ahead _____	12. One Way _____
3. No Right Turn _____	8. Railroad Crossing _____	13. School Crossing _____
4. Two Way Traffic _____	9. Merging Traffic _____	14. No U Turn _____
5. Detour _____	10. Signal Ahead _____	15. Come to a Complete Stop _____

A 	B 	C 	D 	E 
F 	G 	H 	I 	J 
K 	L 	M 	N 	O 

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Seconds: \_\_\_\_\_ Errors: \_\_\_\_\_

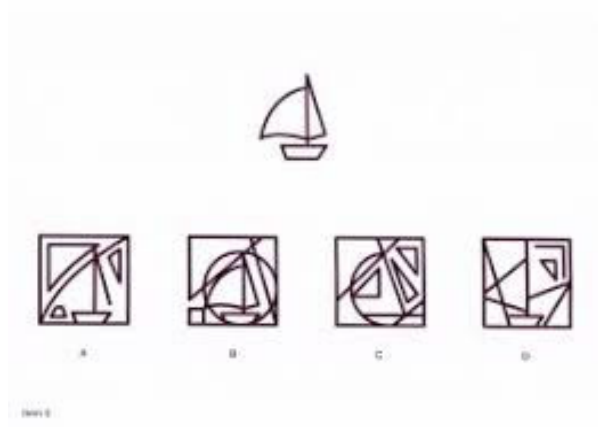
# Map Reading Exercise



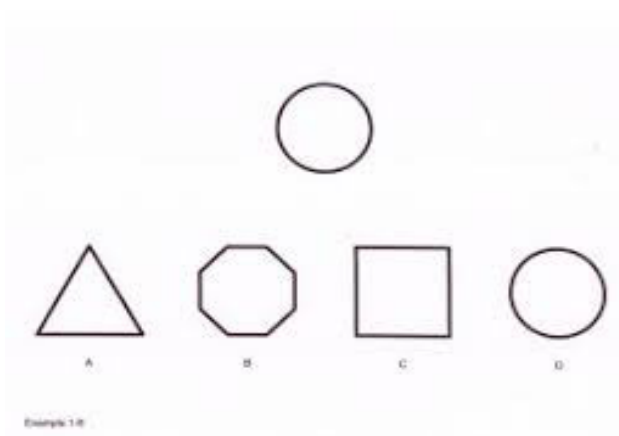
1. Draw an "X" at the intersection at Oak Drive and Tranquility Lane.
2. Draw a line representing the most direct route from the High School to the Post Office.
3. Which is farther east?
  - a. Gas Station
  - b. Market
  - c. Police Station
4. When you look northwest, you see the High School. When you look south, you see the Fire Department. When you look north you see the Junior High. What landmark or area are you standing in?
  - a. Cafe
  - b. Fire Department
  - c. Park
5. What building address is on Oak Drive?
  - a. Police Station
  - b. Cafe
  - c. Post Office
6. What is located at the intersection of Main Street and Fairlane Boulevard?
  - a. Hospital
  - b. Post Office
  - c. Market



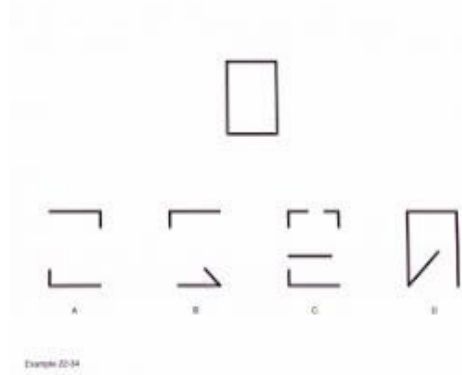
## Figure Ground



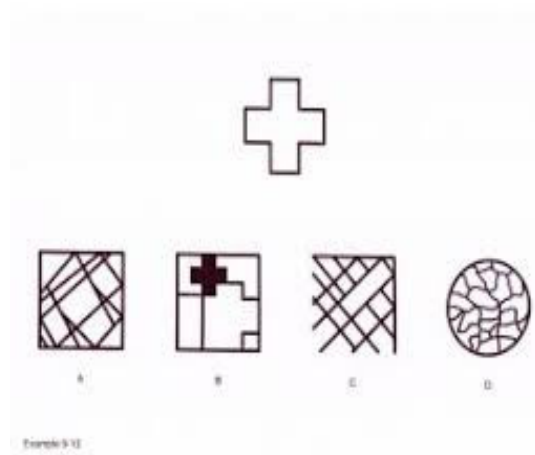
## Visual Discrimination



## Visual Closure



## Form Constancy



# Driver Performance Analysis System

**DRIVER PERFORMANCE ANALYSIS SYSTEM RESPONSE FORM**

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 License Number / Employee ID \_\_\_\_\_ DL State \_\_\_\_\_  
 Email \_\_\_\_\_ Number of miles you drive each year \_\_\_\_\_  
 Circle type of vehicle you drive most often: Auto Light Truck Heavy Truck Bus

Place an X in the Agree or Disagree box to indicate your response to the DPAS Question.

	Part 1		Part 2		Part 3		Part 4	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
1			1		1		1	
2			2		2		2	
3			3		3		3	
4			4		4		4	
5			5		5		5	
6			6		6		6	
7			7		7		7	
8			8		8		8	
9			9		9		9	
10			10		10		10	
11			11		11		11	
12			12		12		12	
13			13		13		13	

## DPAS Scored Results

Traffic Crash Probability per 100,000 Miles of Driving:	8%
Probability that Selected Training will Improve Driver's Performance:	67%
<b>Overall DPAS Score: 71%</b>	

	DPAS Score	High Risk	Minimum Skills	Average Skills	Highly Skilled	Expert Driver
<b>Overall DPAS Test Analysis</b>	71%					
<b>Part 1: Driver and Traffic Knowledge</b>	73%					
<b>Part 2: Traffic Perceptual Skills</b>	64%					
<b>Part 3: Traffic Risk Analysis</b>	73%					
<b>Part 4: Traffic Procedures</b>	73%					

Part 1: Knowledge related crash probability per 100,000 miles:	7%
Knowledge Score:	73%
Probability training will improve driver's knowledge:	63%
<b>Recommended Training Program: Drive and Traffic Knowledge</b>	
Training recommended when probability is between 40% and 100%.	
Part 2: Perceptual Skills related crash probability per 100,000 miles:	12%
Perceptual Skills Score:	64%
Probability training will improve driver's perceptual skills:	73%
<b>Recommended Training Program: Driver Performance Test</b>	
Training recommended when probability is between 30% and 100%.	
Part 3: Traffic Risk related crash probability per 100,000 miles:	8%
Traffic Risk Score:	73%
Probability training will improve driver's risk recognition skills:	63%
<b>Recommended Training Program: Driver Risk Index</b>	
Training recommended when probability is between 30% and 100%.	
Part 4: Traffic Procedures related crash probability per 100,000 miles:	7%
Traffic Procedures Score:	73%
Probability training will improve driver's knowledge:	70%
<b>Recommended Training Program: Safe Performance on Road Test</b>	
Training recommended when probability is between 40% and 100%.	



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Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: Female / Male

Education: \_\_\_\_\_

Examiner: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Total Score: \_\_\_\_\_

	POINTS												
<b>ORIENTATION</b>													
<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Day/Week <input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> Situation	____ / 6												
<b>IMMEDIATE VERBAL RECALL</b>													
(Instructions: Score Only 1 <sup>st</sup> Trial) <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="padding-right: 5px;">1st Trial</td> <td style="padding-right: 5px;">BANANA</td> <td style="padding-right: 5px;">JUSTICE</td> <td style="padding-right: 5px;">SARA</td> <td style="padding-right: 5px;">BRIDGE</td> <td></td> </tr> <tr> <td>2nd Trial</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="text-align: right;">____ / 4</td> </tr> </table>	1st Trial	BANANA	JUSTICE	SARA	BRIDGE		2nd Trial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ / 4	
1st Trial	BANANA	JUSTICE	SARA	BRIDGE									
2nd Trial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ / 4								

## BCAT Scoring Ranges

<b>Cognitive Range</b>	<b>BCAT Range</b>
Normal	44-50
Mild Cognitive Impairment	34-43
Mild Dementia	25-33
Moderate to Severe Dementia	0-24

# Reaction Time

## RT-2S: Simple Brake Reaction Time

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date: \_\_\_\_\_ Male or Female \_\_\_\_\_  
 Foot: Left / Right / Both \_\_\_\_\_

TRIAL TIMES (in seconds):

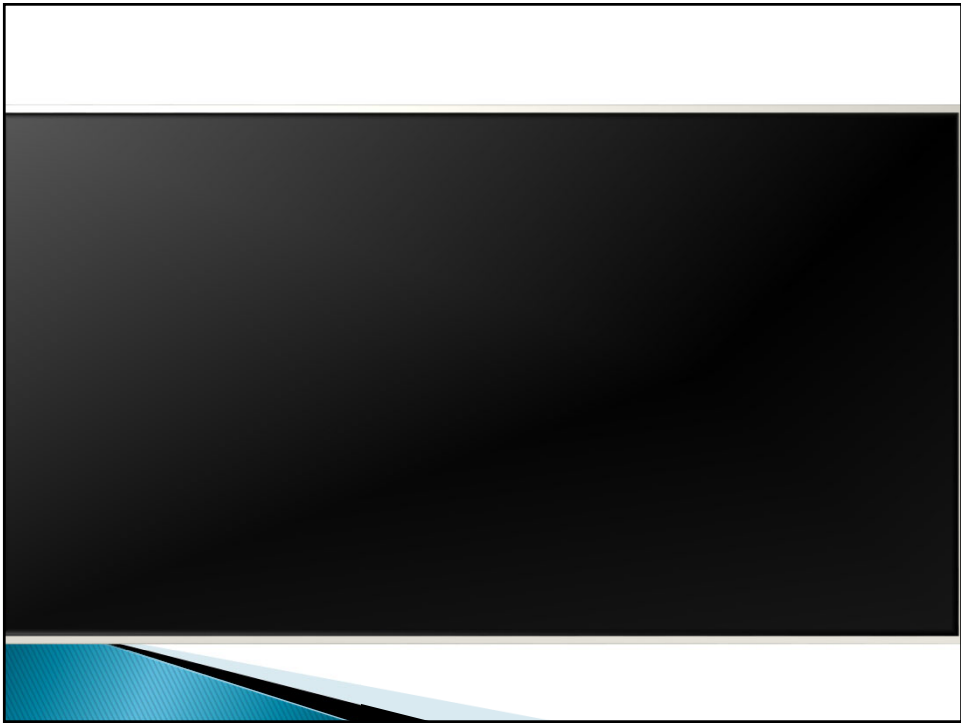
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Total: \_\_\_\_\_/10 Average: \_\_\_\_\_

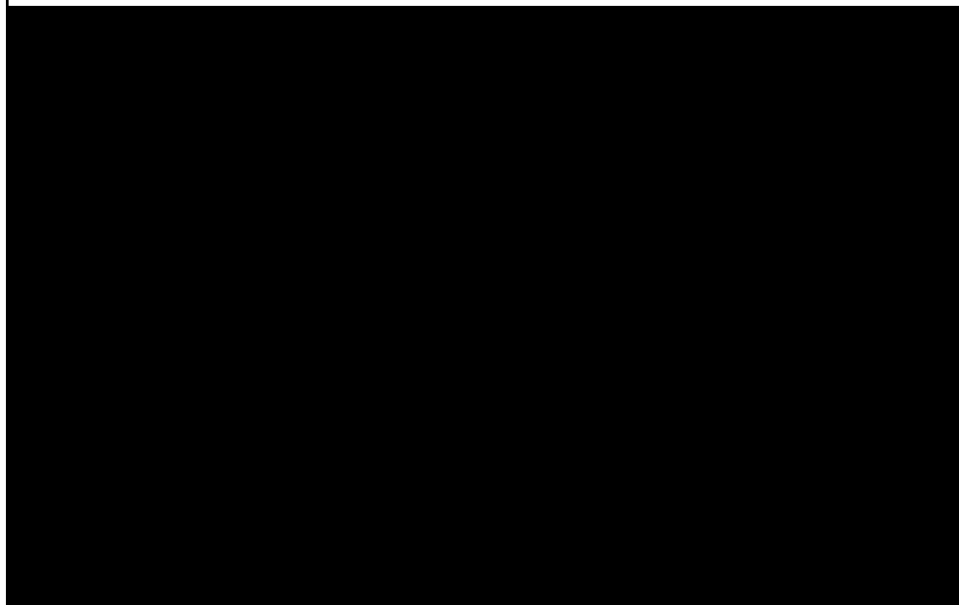
Observations/Notes: \_\_\_\_\_

## Physical Assessment

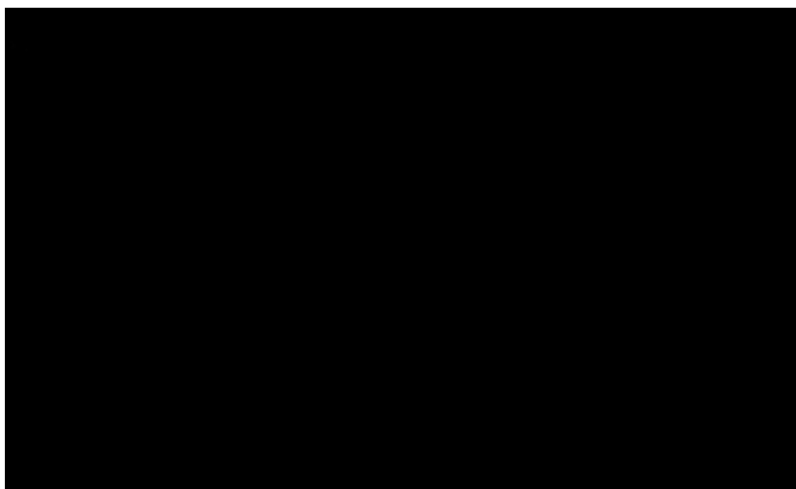
- ▶ Transfer level  
Cars, trucks, minivans, full size vans each have a different option for transfers.
- ▶ Ability to load walker, Stand unassisted, manual wheelchair, power wheelchair
- ▶ Upper/lower extremity MMT, Range of Motion, and Endurance



## WHEELCHAIR LOADING DEVICE



## POWER SEAT FOR ACCESS

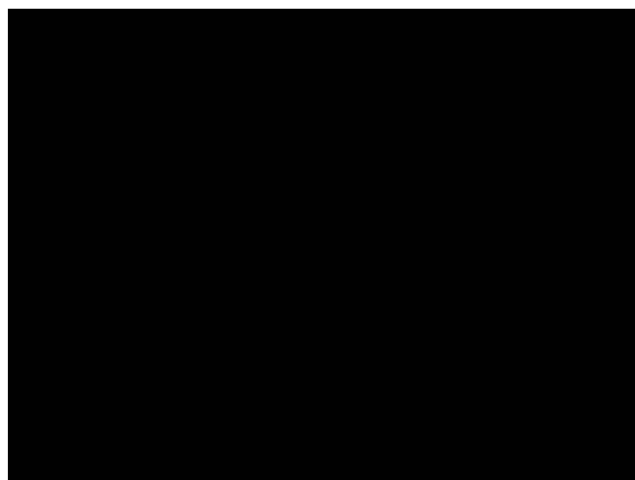


## Adapt Solutions XL Seat



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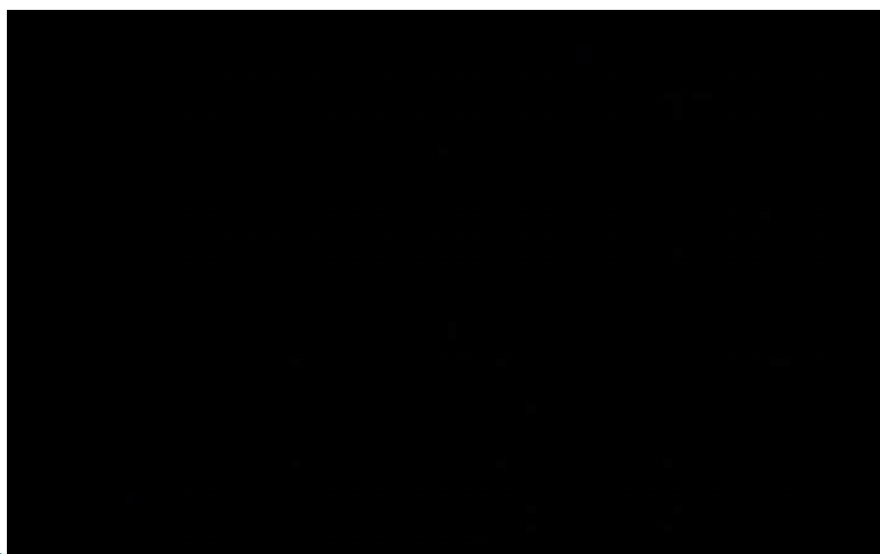
## Adapt Solutions XL Seat



## Rear Mounted Wheelchair/Scooter Lift



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## Truck Lift Option



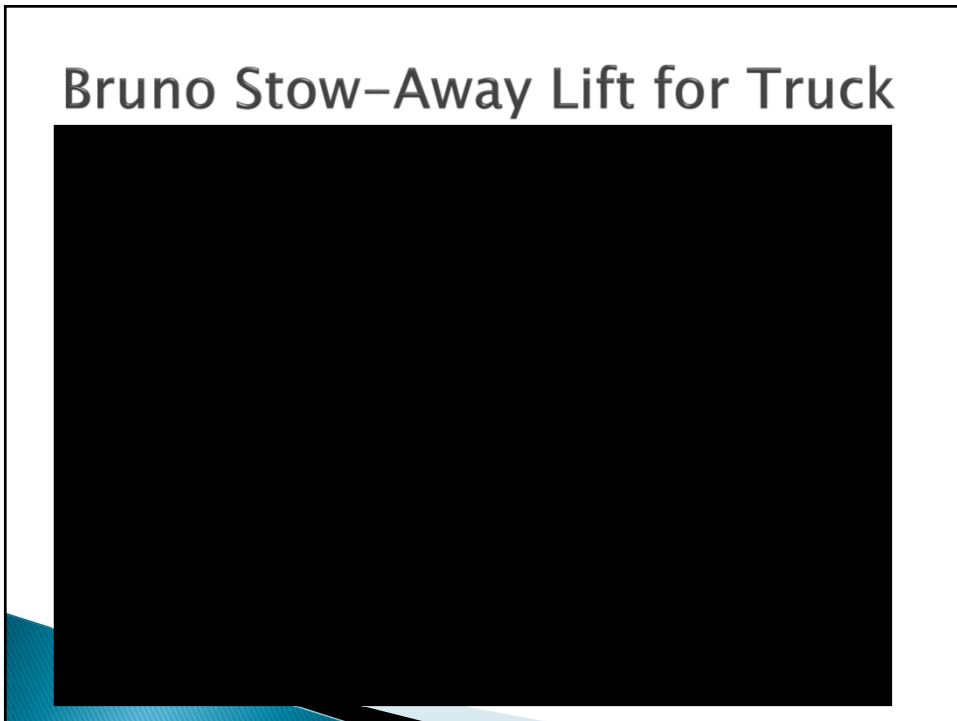
45

## BRUNO CHARIOT





## Bruno Stow-Away Lift for Truck





## Behind the Wheel Assessment

- ▶ Simple Tasks
- ▶ Stops/starts
- ▶ Ability to turn the Steering wheel
- ▶ Ability to operate the Static Secondary controls (ignition, gear selector)
- ▶ Ability to operate in-motion controls (turn signals)
- ▶ Complex Tasks
- ▶ Changing Lanes Under Pressure
- ▶ Finding a specific location such as a church, pharmacy, medical office
- ▶ Follow 2-3 step directions

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## Steering Devices



Spinner knob



Tri-pin



Amputee Ring



Palmar Steering Device



V-Grip

## Possible Outcomes of Evaluation

- ▶ Previous Drivers:
  - Clearance to continue driving independently
  - Equipment/Training Recommended
  - Recommendation to retire from driving
    - Take DPS test
    - Medical Advisory Board
    - SRS Does not Seize Drivers licenses
  - Can return for re-eval if client feels condition has improved/worsened
- ▶ New Drivers:
  - Additional Therapy Recommended
  - Equipment/Training Recommended
  - Accompaniment to the DPS for participation in road exam
  - Participation in Vehicle Inspection to ensure proper fitting

## Training

- ▶ Length of training varies depending on the client's needs, level of experience, and severity of disability/injury
- ▶ Conducted in SRS vehicles equipped with instructor brake and equipment tailored to the individual's needs
- ▶ Conduct a 20-hour trial for client's who need many hours of training
- ▶ Can anticipate certain restrictions (no freeway driving, no night driving, etc.)

## Minivan Option



## Hand Controls

- ▶ Push/Pull
- ▶ Push/Right Angle
- ▶ Push/Rock
- ▶ Push/Twist



## Floor Mounted Push-Pull Hand Control



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## Left Foot Accelerator



## Pedal Extensions



## Foot Steering Example

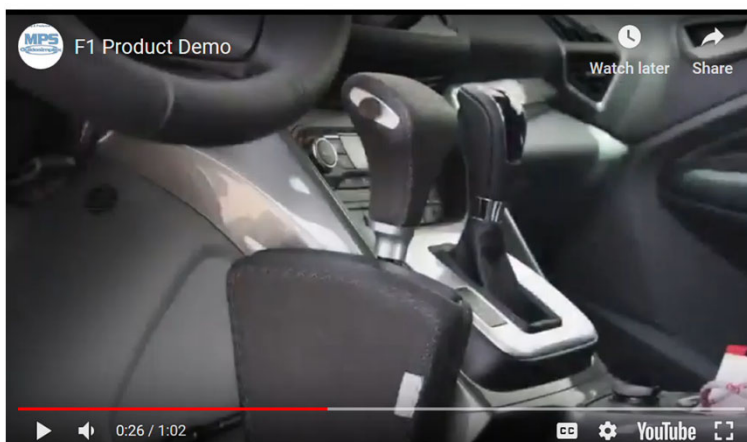


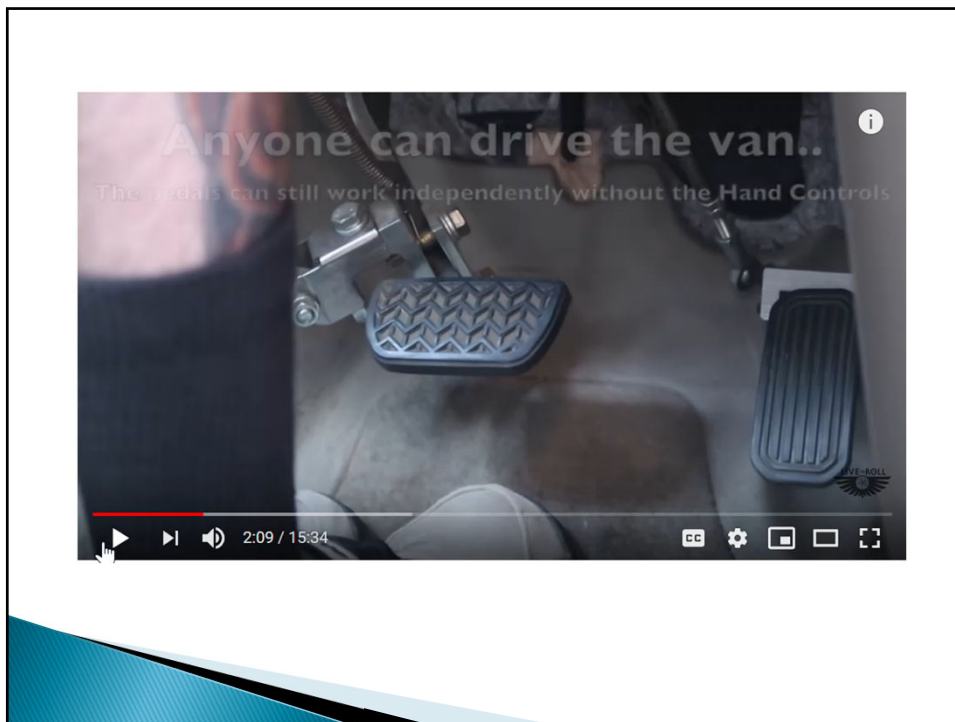


## EMC W-L series Driving System



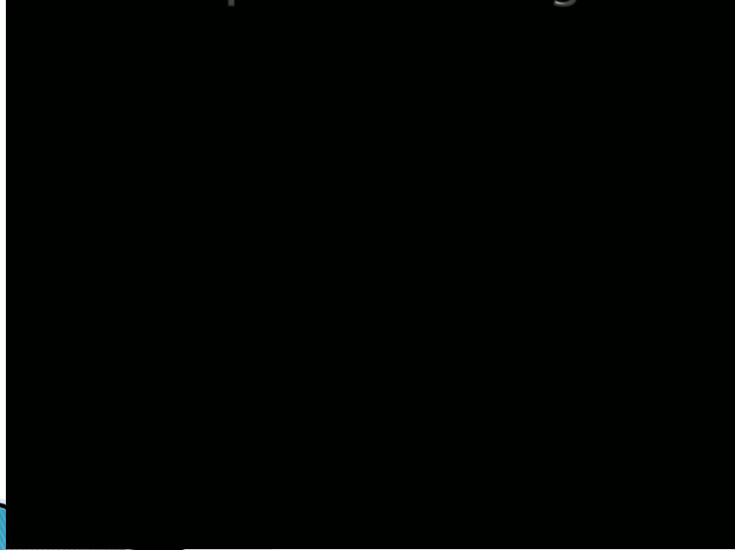
## SMA II with horizontal steering and EGB







# Quadruple Congenital Amputee Driving

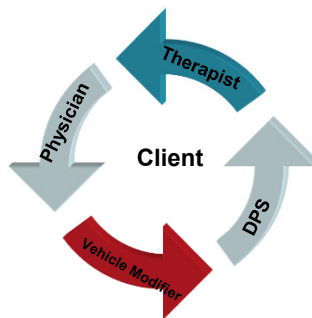


## Dual hand-driven Joysticks with trigger throttle



## Driver Rehabilitation Team

- ▶ The Teamwork between the physician, therapy team, vehicle modifier, and licensing authority is essential to successful outcomes



Questions: