Hey Doc, sign this form for the DMV! Should you?

Big Sky Conference: North Dakota Academy of Family Physicians
Thursday, January 19, 2017
Michael G. Mercury PhD (Michael.Mercury@nm.org)
The Neurodegenerative Diseases Center
Northwestern Medicine Central DuPage Hospital
Winfield IL
DISCLOSURE OF FINANCIAL RELATIONSHIP

Michael G. Mercury PhD

Employee
Northwestern Medicine Healthcare, Chicago IL

Research Grants/Contracts
Objectives

1. Medical issues that impact older drivers
2. Review of your state’s regulations
3. Brief Office Screening for Driving
Medical Issues that Impact Older Drivers
Individuals Over Age 85 Are The Fastest Growing Segment Of Society

Percentage of the U.S. Population Age 65 and Older, 1900 to 2050

By 2050, the 85+ age group will reach 19 million—24 percent of older adults and five percent of the total population.
LOS ANGELES 2003 (AP) — An 89-year-old man whose car hurtled through a farmers market, killing 10 people, was let off on probation Monday by a judge who said he believed the defendant deserved to go prison but was too ill.

George Russell Weller was convicted Oct. 20 of 10 counts of vehicular manslaughter with gross negligence in a case that renewed debate over whether elderly people should lose their driver's licenses.
Older Adults and Transportation

- **Transportation**: White House Conference on Aging since 1971 transportation was rated as third in importance in older people’s lives, after health and finance.

- **Importance of Driving**: Driving is a source of independence and self-esteem. When an individual retires from driving, he/she not only loses a form of transportation, but all the emotional and social benefits derived from driving (AMA, 2003). Loss of driving has been associated with entry to nursing home care.

- **Challenges of Public Transportation**: Older people who stop driving have difficulty with adapting to public transportation: even when it is provided cost-free, using it with lesser intensity than those who have never driven. Public transportation is often not a realistic option in rural areas.
Driving/Transportation as a key part of the medical evaluation of Patients

- O’Neill (1993) describes a hierarchy of 3 factors involved in driving

  - **Strategic performance** includes the planning of choice of route, time of day (avoiding rush hour), or even the decision not to drive and to take public transport (“if in doubt, don’t go out”).

  - **Tactical decisions** are the conscious and unconscious driving style of the driver. They include risk and judgment (e.g. decisions on whether or not to overtake, whether or not to go through amber lights, or decisions to signal in good time before turning).

  - **Operational performance** is the response to specific traffic situations, such as speed control, braking and signaling. Self-driving cars.

ND: Special Driving Situations

• Driving on Public Roads
  – Normal driving – rural, suburban, city, highway
  – Seasonal driving (e.g. winter)
  – **Non-commercial Driver License Class D: Farm exemptions**
    • Any two-axle, tandem axle, triple axle, or truck-tractor farm vehicle controlled and operated by a farmer transporting agricultural products, farm machines, or farm supplies to or from a farm within **150 miles of the person’s farm**.
    • Farm vehicle may tow a trailer, semi-trailer, or farm trailer except double or triple trailers or, if under 18 years of age, a truck-tractor. Any farm vehicle operated by a farmer may transport hazardous material within 150 miles of the farm without a hazardous material endorsement on the operator’s license.

• Driving on Private Property
  – Cars, pickups, trucks
  – Farm machinery
Increased Deaths of Drivers 70 and Older Since 1975

A total of 4,115 people ages 70 and older died in motor vehicle crashes in 2013. This is 30 percent fewer than in 1997, when deaths peaked, but a 9 percent increase since 1975. Deaths of older people remained essentially unchanged from 2012 to 2013. The rate of fatalities per capita among older people has decreased 47 percent since 1975 and is now at its lowest level.

http://www.iihs.org/iihs/topics/t/older-drivers/fatalityfacts/older-people/2013
Educating Seniors About Driving Safety

NIHSeniorHealth (https://nihseniorhealth.gov/olderdrivers/howhealthaffectsdriving/01.html)

Older Drivers

How Health Affects Driving

Health Matters More Than Age

It's your health — not your age — that matters most in driving safely. As you get older,
Tips for talking to aging drivers

Older drivers are often some of the safest drivers on the road as they do not take unnecessary risks and self-restrict to compensate for changes to their vision, reflexes or other age-related concerns.

However, not all aging drivers may recognize the need for self-restricting and others may need to stop driving altogether due to medical problems.

It can be difficult in this situation to know how to talk to someone about limiting their driving or giving up their privileges.

If it becomes necessary for you to speak up, here are some tips to make the conversation go more smoothly:

**Start early**
Talking to aging drivers about restricting or giving up their driving privileges should happen before a real problem arises. If you wait, the individual is likely to become far more defensive than if you were to sit down and have a conversation about driving prior to it being an issue.

**Be sensitive**
Driving represents freedom and independence. It allows them to participate in social activities. Keep in mind how you might feel if you were asked to:

**Focus on safety**
Explain why you are concerned, and discuss safety for:

**Talk to the treating physician**
The healthcare provider is going to be able to offer an objective assessment of the older driver’s abilities, and may be able to offer advice on how to restrict driving to balance safety and independence. The physician may require an evaluation which may show the driver possible weaknesses in ability. Also, the health care provider may support you in suggesting that it is time to give up driving.
Older Driver Safety Tips

With age comes unavoidable changes to our minds and bodies. Our memory and focus isn't what it once was. Our bodies ache and get stiff. We all slow down. Still, many older drivers continue to operate a car safely well into their golden years. The key is to recognize what our abilities are now rather than focus on what they used to be, and make the proper adjustments to ensure responsible driving behavior.

**What can you do to keep driving safely?**

1. **Get regular eye exams.** It is recommended you have your vision checked every two years; however, more frequent exams may be necessary if you experience sudden or frequent vision changes.
2. If you are experiencing any **nervousness or discomfort at night**, limit your driving to during daylight times only.
3. If you experience **difficulty recovering from glare or adjusting to darkness**, limit your driving to during daylight times only.
4. **Scan frequently** to allow you ample time to react to trouble.
5. **Avoid wearing eyeglasses or sunglasses with wide frames** as they restrict your side vision.
6. **Talk to your doctor** and find out if restrictions are necessary.
7. **Avoid** rush hour, bad weather or other stressful travel situations.
8. **Plan ahead.** Know your route and try to stay on familiar roads.
9. **Avoid taking medication before driving** as the side effects may create unsafe driving behavior.
10. **Maintain a safe speed** and look down the road for possible hazards.
11. **Leave a four second gap** between you and the vehicle in front of you.
12. **Call ahead** for weather and road conditions. View the enhanced [travel map](https://www.dot.nd.gov/divisions/driverslicense/olderdriver.htm).
13. If you are **uncomfortable, nervous or fearful** when driving, it may be time to stop driving.
14. If you have **received a number of warnings from Law Enforcement**, it may be time to stop driving.
15. If you have **frequent ‘close calls’ (almost crashes)**, it may be time to stop driving.
MN Resource for Older Driver


Resources

Use these specially designed shortened website addresses to access these resources.

AAA Senior Driving provides information on programs including AAA Roadwise Review, Roadwise RX, Driver Planning Agreement, CarFit and Smart Features. It also offers tools to evaluate driving abilities, understand mind and body changes, improve driving skills, maintain mobility and independence, and assist seniors, as well as their families and friends.

[bit.ly/1zHMe4C]

Association for Driver Rehabilitation Specialists provides fact sheets and a directory of driver rehabilitation specialists who are considered the gold standard for expertise in the field on evaluating and rehabilitating drivers.

[bit.ly/1JrblIP]

Courage Kenny Rehabilitation Institute provides services for new or experienced drivers with visual, cognitive or medical challenges or changes due to aging, disability or mental health issues.

[bit.ly/kr7Kskk]

Minnesota Department of Public Safety's Driver and Vehicle Services is responsible for issuing license plates, driver's licenses, disability plates and placards, and state ID cards; cancelling, revoking and suspending driver's licenses; evaluating the ability of individuals to drive; and collecting and disseminating crash information.

[bit.ly/1Fc7ZcL]

Minnesota Department of Public Safety's Office of Traffic Safety is dedicated to keeping people safe on Minnesota roadways by improving individual behavior. The office also can provide statistics on older drivers in Minnesota or the nation.

[bit.ly/1y47x46]

Mobility for Minnesota's Aging Population supports professionals, families and other interested parties as they work with older adults to traverse the mobility continuum and their desire to remain independent and active in their communities as long as possible.

[bit.ly/1G43umX]

Minnesota Gerontological Society is a group of social service professionals, housing experts, health care providers, research scientists, administrators, retirees, attorneys and others who share a common interest in aging.

[bit.ly/10c297s]

National Highway Traffic Safety Administration provides information on changes that can affect safe driving and on potential warning signs of impairment, with options that include a video toolkit on medical conditions in older drivers, information on driving safely while aging gracefully, national statistics on older drivers, and research on older driver issues. Its Drive Well Toolkit provides information for people working directly with older adults on understanding the issues, developing public information events and evaluating effectiveness.

[1.usa.gov/1NLbeE2]

Senior LinkAge Line (800-333-2433) is a one-stop shop for Minnesota seniors, providing free assistance and information on health care, insurance, transportation, government services, prescription drugs, long-term care, employment and living with disabilities.

[bit.ly/1D1T8gm]

“We Need to Talk,” from The Hartford, discusses conversations about a transition for any driver. It is considered a go-to resource for professionals advising older drivers because it is based on research conducted at the MIT AgeLab.

[bit.ly/1FLf1A]
Medical Issues that can impact Driving

• Cardiovascular disease
• Cancer
• Stroke
• Diabetes
• Aging drivers with age related decline
• Alzheimer’s, Dementia (3-5X risk of accident)
• Neuropathy
• Depression
• Sleep Disorders
• Parkinson’s Disease (3X as likely to have an accident)
• Brain Injury
• Physical disabilities, orthopedic injuries, amputations
• Eye Disease: cataract, glaucoma
• Arthritis
• Medications (http://www.americangeriatrics.org/files/documents/beers/BeersCriteriaPublicTranslation.pdf)
• Alcohol (free PDF Age Page --https://www.nia.nih.gov/health/publication/alcohol-use-older-people)
Age alone is not a reason to prevent someone from driving. After all, everyone ages (despite our best efforts to the contrary), and many of us continue to drive safely well into the golden years.

However, aging does bring with it certain changes to our physical and mental health, which we must address. While driving may seem as easy as breathing after all these years, many complicated processes actually take place simultaneously as we drive.

We are constantly scanning for danger, processing multiple sources of information and determining what requires our immediate attention, coordinating what our eyes see to what our hands and feet must do and so on.

So, take the time to consider how your body and mind are changing, and what you can do to increase your comfort and safety on the road.

**Physical Health**

**Vision Changes**

Our eyes are the number one way we gather and interpret information while driving. Our vision allows us to see hazards and react in a timely fashion to prevent accidents.

Some changes to our vision while aging may include:

- Bright sunlight or oncoming headlights frequently impede your vision.
- It's more difficult to judge distances and speeds, which make left turns difficult.
- It's more difficult to distinguish road signs and oncoming traffic.
- Your eyes get tired much more quickly.
- Blurred vision causes right of way problems.

These changes require a discussion with your eye specialist to determine if corrections may be made to improve your vision, if restrictions are needed on your license, or if it may be time to find other transportation.

**Hearing Loss**

Our ears are another way we gather and interpret information. If you frequently find people needing to repeat themselves or require a much higher volume on audio devices, you may want to explore options for correcting your hearing.

**Stiff joints or weak muscles**

These conditions make it more difficult for you to quickly turn the wheel, step on the brakes or look over your shoulder. These skills are important in protecting yourself and others while driving, especially in emergency situations.

If you have lost significant mobility, reaction time, or strength you may need to speak with your physician about retesting for, restricting or giving up driving privileges.

**Mental Health**

Any impairment of your mind will negatively impact safe driving. Dementia is the most serious of the cognitive disorders.

It is extremely hard to diagnose and even more difficult to get the individual to recognize a problem. Most cognitive impairments are progressive, so consistent monitoring is required.

The following are some cases/causes of cognitive impairments:

- Dementia/Alzheimer
- Brain Tumor
- Multiple Sclerosis
- Parkinson’s
- Seizure or Loss of Consciousness
- Sleep Disorders
- Stroke
- Vertigo
<table>
<thead>
<tr>
<th>Law</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMV Appeal of License Denial</td>
<td>Yes</td>
</tr>
<tr>
<td>Doctors to Report Epilepsy</td>
<td>No</td>
</tr>
<tr>
<td>Periodic Medical Updates Required After Licensing</td>
<td>Annually for at least 3 years</td>
</tr>
<tr>
<td>Seizure-Free Period</td>
<td>6 months; restricted license available after 3 months</td>
</tr>
</tbody>
</table>

**North Dakota Driver Licensing Laws**

A person with epilepsy may obtain a license by submitting a sworn statement that he or she has been seizure-free for at least 6 months. However, if the treating physician establishes a single episode as an isolated incident which is not likely to recur, the person could be allowed to operate a motor vehicle. The applicant must also submit a written certification from his or her doctor that he or she has been seizure-free for 6 months, has been cooperating in the treatment of his or her epilepsy, and that the individual can safely operate a motor vehicle. A licensee must submit medical reports at least once a year. The reports will not be required after the person has been off medication and seizure-free for 3 years. [N.D. ADMIN. CODE § 37-03-01-05 (2011)]. A person who has been seizure-free for 3 months may be able to obtain a restricted license if he or she submits a sworn statement that he or she has been seizure-free for that period, and his or her doctor certifies that the epilepsy is adequately controlled and that the individual can safely operate a motor vehicle. The person will only be allowed to do necessary driving (to and from work and school only). After 6 months of being seizure-free, the person may apply for a regular license. Medically induced “episodes” are not considered in determining driving privileges. [N.D. ADMIN. CODE § 37-03-01-05].

**Commercial Driving**

North Dakota has adopted the federal Department of Transportation’s criteria for licensing commercial intrastate truck drivers. [N.D. ADMIN. CODE § 37-03-01-04]. However, if an individual was diagnosed with epilepsy before March 26, 1991 and held a valid commercial drivers license at that time, the individual may continue to be licensed to drive commercial vehicles. Bus and school bus drivers must meet the commercial driver license requirements. [N.D. CENT. CODE § 15.1-07-20 (2011)].
Driving and Parkinson's Disease: When is it Time to Give up the Keys?

As baby boomers age and life expectancy rises, increasing attention is turning on how to determine when and if older people - and people with health problems - should stop driving. This topic is especially important in light of a 1999 study by the National Center for Injury Prevention and Control that cites motor vehicle injuries as the number-one cause of injury-related deaths for people aged 65 to 74, and the number-two cause (after falls) of injury-related deaths for those aged 75 to 84. The issue hits home for people with Parkinson's since both the symptoms of the disease and the medications designed to ease them can affect driving ability. If you are struggling with the decision of whether or not to stop driving, or if you are a caregiver for someone who is wrestling with this problem, this article may help you explore your options.

How does Parkinson's disease affect driving?

People with Parkinson's disease may eventually experience a decline in both motor skills and cognition. These problems can make driving unsafe. For example, a decrease in visuospatial skills - the kind that are necessary to determine distance and distinguish shapes - is not uncommon in PD. A driver with decreased visuospatial skills may be unable to gauge the distance to a stop sign or a traffic light or keep a car in the correct lane. Some people with Parkinson's also may
Your States’ Regulations


DO NOT COPY OR DISTRIBUTE WITHOUT PERMISSION
Anyone Can Report an Unsafe Driver

http://www.dot.nd.gov/divisions/driverslicense/whatcanido.htm

What Can I Do?

- Is there someone in your life whose driving is causing you concern?
- Are they frequently having close calls?
- Do they become confused or distracted easily?
- Do they get lost in areas that should be familiar?
- Do their reflexes or mobility make them unable to respond in emergencies?

If you answered yes to any of these or other similar questions, Voluntarily surrendering their driving privileges may be something to talk to your loved one about.

What if the person won’t listen?

Giving up driving is one of the hardest choices people face. Sometimes, it isn’t a choice people are willing or able to make for themselves.

In these cases, loved ones may have to step in and do what is right for the safety of the loved one and the rest of the community.

Here are the options you have to make sure the one you care about stays safe:

Option 1: Talk to the treating physician:

If you are able to discuss the situation with the treating physician, and the health care provider agrees the time has come for the individual to retest or look for alternative means of transportation, the physician may submit their recommendation to the North Dakota Drivers License Division.

The department does have authority to use medical advice in requiring re-examination for, or suspension of, driving privileges. A medical examination report (SFN 4569) must be submitted by a physician for processing.
Physician Liability

• Case law illustrates situations in which the physician was held liable for civil damages caused by his/her patient’s car crash when there was a clear failure to report an at-risk driver to the DMV prior to the incident
States Encouraging Reporting Medically Impaired Drivers

- Most states encourage or allow physician reporting, but do not make it mandatory.
  - This reporting is done through the use of anonymous, or non-anonymous reporting

- States requiring mandatory reporting: California, Delaware, Nevada, New Jersey, Oregon, and Pennsylvania.
ND Physicians and Impaired Drivers

- Century Code gives physicians permission to report to the state Department of Transportation every patient who believe is incapable, due to physical or mental reason of safely operating a motor vehicle.

- The state department of health and consolidated laboratories is to define what disorders are covered by this provision.
23-07-01.1. **Reporting of physical or mental disorders.**

1. A physician or other health care provider may report immediately to the department of transportation in writing, the name, date of birth, and address of every individual fourteen years of age or over coming before them for examination, attendance, care, or treatment if there is reasonable cause to believe that the individual due to physical or mental reason is incapable of safely operating a motor vehicle or diagnosed as a case of a disorder defined as characterized by lapses of consciousness, gross physical or mental impairments, and the report is necessary to prevent or lessen a serious and imminent threat to the health or safety of the individual or the public.

2. Such reports as required in this section are for the information of the director of the department of transportation in determining the eligibility of any person to operate a motor vehicle on the highways of this state and must be kept confidential and not divulged to any person or used as evidence in any trial, except that the reports may be admitted in proceedings under section 39-06-33.

3. The physician-patient privilege provided for by rules 501 and 503 of the North Dakota Rules of Evidence may not be asserted to exclude evidence regarding the mental or physical incapacity of a person to safely operate a motor vehicle in the reports as required under the provisions of this section.

4. Any physician or other medical professional who fails to make a report or who in good faith makes a report, gives an opinion or recommendation pursuant to this section, or participates in any proceeding founded upon this section is immune from any liability, civil or criminal, that might otherwise be incurred, as a result of such report, except for perjury.
North Dakota Physician’s Guide

<table>
<thead>
<tr>
<th>Licensing Requirements</th>
<th>North Dakota Department of Transportation Drivers License and Traffic Safety Division</th>
<th>701 328-2600</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visual acuity</strong></td>
<td>Each eye with/without correction</td>
<td>20/40</td>
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<tr>
<td></td>
<td>Both eyes with/without correction</td>
<td>20/40</td>
</tr>
<tr>
<td></td>
<td>If one eye blind—other with/without correction</td>
<td>20/40</td>
</tr>
<tr>
<td></td>
<td>Absolute visual acuity minimum</td>
<td>20/80 in better eye if 20/100 in other eye</td>
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<tr>
<td></td>
<td>Are bioptic telescopes allowed?</td>
<td>Yes, if client has 20/130 acuity through the carrier lens, 20/40 through the telescope, and full peripheral fields.</td>
</tr>
<tr>
<td></td>
<td>Minimum field requirement</td>
<td>105° with both eyes</td>
</tr>
<tr>
<td><strong>Visual fields</strong></td>
<td>Visual field testing device</td>
<td>Optec 1000 vision tester</td>
</tr>
<tr>
<td><strong>Color vision requirement</strong></td>
<td>None</td>
<td></td>
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<tr>
<td><strong>Restricted licenses</strong></td>
<td>Restrictions include daytime driving only (pending)</td>
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<td>a sight-related road test) and area and distance restrictions.</td>
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| Licensing Renewal Procedures               |                                           |                                           |
| **Standard**                               | Length of license validation             | 4 years                                  |
|                                            | Vision testing required at time of renewal? | Yes                                     |
|                                            | Written test required?                   | No                                       |
|                                            | Road test required?                      | No                                       |
| **Age-based renewal procedures**           | None                                    |                                           |
## Reporting Procedures

**Physician/medical reporting**
Physicians are permitted by law to report to the Drivers License and Traffic Safety Division in writing the name, date of birth, and address of any patient over the age of 14 whom they have reasonable cause to believe is incapable, due to physical or mental reason, of safely operating a motor vehicle.

Physicians who in good faith make a report, give an opinion, make a recommendation, or participate in any proceeding pursuant to this law are immune from liability.

**Immunity**
Available. North Dakota Century Code addresses medical advice provided by physicians.

**Legal protection**
Vision and/or medical reports may be required.

**DMV follow-up**
Will accept information from courts, other DMVs, police, and family members.

**Other reporting**
Not available.

**Anonymity**

## Medical Advisory Board

**Role of the MAB**
The MAB participates in drafting administrative rules for licensing standards.

**MAB contact**
Ileen Schwengler

**Information**
Drivers License and Traffic Safety Division
701 328-2070
### Reporting

To access this form:
1. Go to [www.dot.nd.gov](http://www.dot.nd.gov)
2. Scroll to the bottom of the Homepage and click on Forms
3. Enter 4569 in the Forms Search box, or

   http://www.dot.nd.gov/forms/sfn04569.pdf

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**MEDICAL EXAMINATION REPORT**

North Dakota Department of Transportation, Drivers License
SFN 4569 (4-2018)

Note to Health Care Provider:
Please call (701)328-4353 if you have questions.

<table>
<thead>
<tr>
<th>DLN</th>
<th>DOB (MM/DD/YY)</th>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>Applicant's Signature (Optional)</th>
<th>Telephone Number</th>
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This form must be completed in full, and dated in the last 30 days to be valid.

What is the patient's medical diagnosis?

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Do you recommend follow up by the North Dakota Department of Transportation?  
- Yes  
- No

Follow up in:  
- 3 months  
- 6 months  
- 1 year  
- other

Has this patient ever lost consciousness?  
- Yes  
- No  
- If yes, to either of these, give date of episode:

Has this patient ever had a seizure?  
- Yes  
- No  
- Should either of the above be considered a single episode and not likely to recur?

Does the patient currently take anti-seizure medication to prevent seizures?  
- Yes  
- No  
- If no, when did the patient stop taking anti-seizure medication?

Does this patient have a diabetic condition requiring insulin for control?  
- Yes  
- No  
- If yes, give date patient was put on insulin:

Does the patient have a physical, medical, or mental condition which, in your opinion, would restrict or prevent the safe operation of an automobile?  
- Yes  
- No

Does the patient have a physical, medical, or mental condition which, in your opinion, would prevent the safe operation of a commercial motor vehicle such as a semi, large truck, or bus?  
- Yes  
- No

What are your recommendations for driving?  
- No driving privileges should be granted.
- Restricted to daylight driving only.
- Restricted to vehicle with adaptive equipment.
- Recommend written and road reexamination.  
  (Reexamination applies to Noncommercial only)
- No recommended restrictions.

Date of Report

<table>
<thead>
<tr>
<th>Name of Health Care Provider (Please Print)</th>
<th>Clinic, Hospital, or Office</th>
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<tbody>
<tr>
<td></td>
<td>Address</td>
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<td>City</td>
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<td>State</td>
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<tr>
<td></td>
<td>ZIP Code</td>
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<td></td>
<td>Telephone Number</td>
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<tr>
<td></td>
<td>Fax Number</td>
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</tbody>
</table>

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Age: Your States’ Regulations
North Dakota and Surrounding States

Dude, I got the car and the fake ID
PARTY TIME!!

https://www.pinterest.com/pin/418553359091402944/
Age: North Dakota Regulations

North Dakota

- **NORTH DAKOTA:** Licenses last six years until age 78, when they must be renewed every four years.
Age: Your States’ Regulations
Surrounding States and Provinces

• **MINNESOTA**: Licenses last for 4 years for everyone. Physician letterhead to dvs.driverslicense@state.mn.us 651) 297-3298

  Minnesota Department of Public Safety 445 Minnesota Street St.
  Paul MN 55101-5155 Phone: (651) 201-7000

• **MONTANA**: Drivers over age 75, drivers must renew their licenses every four years, instead of every eight years for drivers 21 to 75.

• **SOUTH DAKOTA**: Licenses are renewed every five years, everyone.

• **MANITOBA**: There are no restrictions based strictly on age.

• **SASKATCHEWAN**: There are no restrictions based strictly on age.
  https://www.sgi.sk.ca/individuals/medical/reportsomeone.html
Your States’ Regulations

The Snow Bird States

- **FLORIDA:** People 80 and older must renew their license every six years, and older must pass an eye exam. Florida also allows confidential reporting of a possibly unsafe driver by anyone, doctor, law enforcement, relative or bystander.
  [https://www.flhsmv.gov/?s=driver](https://www.flhsmv.gov/?s=driver) medical reporting form

- **ARIZONA:** Starting at 65, drivers must renew every five years, with a vision test each time.

- **CALIFORNIA:** At 70, drivers must renew in person, taking a written test and eye exam. Submit letter to patient’s local driver office
Brief Office Screening for Driving
Doctors and “Retirement” from Driving

• Doctors may feel uncomfortable about addressing driving ability because
  – They do not want to jeopardize the doctor:patient relationship
  – They do not want to restrict the patient’s independence
  – They do not think the patient will listen to them

• Use ‘driving retirement’ to help normalize the experience. Retirement is generally considered a more natural and positive life experience than “quitting” or “giving up.”

• If the patient is not decisional then the power of attorney for healthcare or a court appointed guardian would be involved.

  – Adapted from The Physician’s Guide to Assessing and Counseling Older Drivers, AMA, 2003
Is It Time To Stop Driving? Evaluating Ability to Drive

Ideally, Evaluating Ability to Drive is Multidisciplinary

- **Medical**

- **Neuropsychology**: examine attention, problem solving, memory, processing speed

- **Social Work**: Instrumental Activities of Daily Living (IADLs), recommend proactive approaches such as driver safety class, such as the AARP 55 ALIVE Driver Safety Program, (888) 227-7669, and the AAA Safe Driving for Mature Operators Program (contact your local AAA for details).

- **OT/PT including Driver Rehabilitation Specialist (DRS)**: The Association for Driver Rehabilitation Specialists (ADED) certified (e.g. Sanford Bismarck and Fargo)
  - Assess driving skills with on-road tests
  - Rehabilitation to adapt to any deficits identified
  - Car adaptation (e.g. mirrors, controls) or choice if buying new car
Resources on Driving for Physicians


Resources on Driving for Physicians (cont.)

The Topic

Medical Conditions

If you are an older driver with a medical condition, or if you have a friend or loved one who is an older driver with a medical condition, NHTSA has several resources for safer driving:

The Topic

Videos

NHTSA has many online resources to help older drivers learn how to best drive under certain conditions. Browse our selection of YouTube videos to find a resource that best fits your need.

https://www.nhtsa.gov/road-safety/older-drivers
Is It Time To Stop Driving? Evaluating Ability to Drive

- Evaluation of driving should occur when:
  - Yearly check up or every 6 months if there is a degenerative disease
  - Self-review suggests indicates impairment
  - Evidence of hazardous driving (e.g. accident, ticket, letter from secretary of state)
  - Friends and relatives report concerns to doctor
Evaluating Driver Ability– What to do in an office visit

- History
  - Recent accidents (unexplained dings on the car) or tickets
  - Screening and with degenerative diseases having to reevaluate but how often?

- Physical Exam
  - Senses: eyes, ears
  - Strength

- Family report
  - Will family allow grandchildren to drive with the grandparent
  - The misconception of “she only drives to the grocery store or church”
Is It Time To Stop Driving? Evaluating Ability to Drive: Self

• Everyone ages differently. To help decide if someone should stop driving, one can ask themselves the following questions:
  
  – Do other drivers often honk at me? Have I had some accidents, even if they are only "fender benders"?
  – Do I get lost, even on roads I know?
  – Do cars or people walking seem to appear out of nowhere?
  – Have family, friends, or my doctor said they are worried about my driving?
  – Am I driving less these days because I am not as sure about my driving as I used to be?
  – Do I have trouble staying in my lane?
  – Do I have trouble moving my foot between the gas and the brake pedals, or do I confuse the two?

• If they answered yes to any of these questions, it may be time to think about whether or not they are still a safe driver.
History: Warning Signs

- Driving behaviors
  - Not wearing seatbelt
  - Not observing traffic signs
  - Not looking when moving from one lane to another

- Cognitive problems
  - Executive functioning
    - Stopping inappropriately (for example, at a green light)
    - Mistaking the gas pedal for the brake
    - Becoming confused and overwhelmed while driving (for example, finding traffic signals confusing)
    - Noticing that other drivers frequently honk
    - Making poor or slow decisions while driving
    - Having difficulty making left turns
History: Warning Signs

• Cognitive problems
  • Visuospatial
    • Drifting out of one's lane (e.g. Parkinson’s)
    • Not driving at appropriate speeds
    • Dents and scrapes on the car
  • Memory
    • Not remembering the location of familiar places, having a hard time with new directions
    • Taking much longer to get to places
  • Personality/Emotions
    • Becoming angry and frustrated when driving
Is It Time To Stop Driving? Evaluating Ability to Drive

Ideally, Evaluating Ability to Drive is Multidisciplinary

• Medical:
  – Mental status (MMSE or MiniCog/Animal Naming)
    • 10% of the 59 drivers with dementia relied on co-pilots (Foley et al., 2000) but co-pilots are never recommended due to questions about who is the driver, safety and legal issues, etc.
  – Cranial Nerves (Hearing and Vision)
  – Muscle strength, tone and bulk
  – Reflexes
  – Coordination (can they press on the brake pedal)
  – Sensory Function (can they feel the brake pedal)
  – Gait

• Reversible causes, address vision, hearing, dehydration, medications etc.
Assessment of Driving-Related Skills (ADReS)


ADRes

1. **Visual fields:** Shade in any areas of deficit.

   ![Visual field diagram](image)

   Patient’s L R

2. **Visual acuity:**
   - OD
   - OS
   - OU

   *Was the patient wearing corrective lenses? If yes, please specify: ____________________________

   *If either eye acuity worse than 20/40, consider referral to ophthalmologist.*

- **Visual Fields:** Confrontation Testing (3 feet, one eye closed, look at noses
  - Specialist
  - Binocular visual fields: formal driving evaluation

- **Far Visual Acuity:** Snellen E chart (9” X 23”)
  - <20/40: specialist, low-risk driving (familiar, low speed, good weather, re-testing for progressive
  - <20/70: formal driving evaluation
  - <20/100: no driving
ADRes: Rapid Pace Walk

3. **Rapid pace walk:** [number] seconds
   (>9 secs, abnormal and consider referral for driving evaluation and/or evaluation of gait disorder) Was this performed with a walker or cane? If yes, please specify: ________________________________

- Measures lower limb strength, endurance, range of motion, balance and gross proprioception
- Mark 10 foot path on floor with tape
- Patient walks to the tape, turns around and walks back to the starting point *as quickly as possible* (total distance is thus 20 feet)
- Time when patient picks up first foot and stop timing when last foot crosses finish mark to get **total number of seconds**
- Note if used walker or cane
- Greater than 9 seconds correlated with higher risk of adverse traffic event (crash, violation, being stopped by police)
# ADReS: Range of Motion

4. **Range of motion**: Specify ‘Within Normal Limits’ or ‘Not WNL.’ If not WNL, describe.

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck rotation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finger curl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder and elbow flexion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle plantar flexion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle dorsiflexion</td>
<td></td>
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</tr>
</tbody>
</table>

Plan for any deficiencies (consider referral to OT/PT; address pain management, if indicated, and/or referral to driving clinic for vehicle modification)

**Manual test of range of motion**

The examiner tests the patient’s range of motion by asking him/her to perform the requested motions bilaterally:

- **Neck rotation**: “Look over your shoulder like you’re backing up or parking. Now do the same thing for the other side.”
- **Shoulder and elbow flexion**: “Pretend you’re holding a steering wheel. Now pretend to make a wide right turn, then a wide left turn.”
- **Finger curl**: “Make a fist with both of your hands.”
- **Ankle plantar flexion**: “Pretend you’re stepping on the gas pedal. Now do the same for the other foot.”
- **Ankle dorsiflexion**: “Point your toes towards your body.”

The examiner scores the test by choosing the appropriate description of test performance: (1) Within normal limits; or (2) not within normal limits: good range of motion with excessive hesitation/pain or very limited range of motion.
5. **Motor strength:** Provide a score on a scale of 0–5.

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder adduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder abduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder flexion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist flexion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist extension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand grip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip flexion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip extension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle dorsiflexion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle plantar flexion</td>
<td></td>
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</tr>
</tbody>
</table>

Plan for any deficiencies (consider referral to OT/PT or driving clinic for vehicle modification)

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**Manual test of motor strength**
The examiner tests the patient’s motor strength by manually flexing/extension the patient’s limbs, and asking him/her to resist the examiner’s movements. The examiner should test bilateral:

- Shoulder adduction, abduction and flexion;
- Wrist flexion and extension;
- Hand-grip strength;
- Hip flexion and extension; and
- Ankle dorsiflexion and plantar flexion.

Motor strength should be recorded on a scale of 0 to 5, as stated below:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/5</td>
<td>Normal strength: movement against gravity with full resistance</td>
</tr>
<tr>
<td>4/5</td>
<td>Movement against gravity and some resistance</td>
</tr>
<tr>
<td>3/5</td>
<td>Movement against gravity only</td>
</tr>
<tr>
<td>2/5</td>
<td>Movement with gravity eliminated</td>
</tr>
<tr>
<td>1/5</td>
<td>Visible/palpable muscle contraction, but no movement</td>
</tr>
<tr>
<td>0/5</td>
<td>No contraction</td>
</tr>
</tbody>
</table>

Strength that is slightly less than grade 5/5 but still greater than 4/5 may be recorded as 5/5. Similarly, strength that is slightly greater than 4/5 but still less than 5/5 may be recorded as 4/5. This applies to all other grades of strength as well.
ADReS

6. Trail-Making Test, Part B: ____ seconds
(score greater than 180 secs abnormal, consider referral to driving evaluation clinic and/or work-up for cognitive/visual/motor impairment)

- This test assesses working memory, visual processing, visuospatial skills, selective and divided attention, and psycho-motor coordination. Poor performance is correlated with poor driving. Patient alternates number to letter. Errors are pointed out and corrected which is reflected in time to complete the test. Score is overall time in seconds with >180 seconds impaired. 3 to 4 minutes to administer, discontinue at 5”. 
Examiner says:
“On this page are some numbers and letters. Begin at number 1 and draw a line from 1 to A, A to 2, 2 to B, B to 3, 3 to C and so on, in order, until you reach the end. Remember, first you have a number, then a letter, then a number, then a letter and so on. Draw the lines as fast as you can.

If you make a mistake, I will point it out. Go back to the last correct number and letter and continue from there.

Ready? Begin.”
Trails B

On this page are both numbers and letters. Do this the same way. Begin at number 1 and draw a line from 1 to A, A to 2, 2 to B, B to 3, 3 to C and so on, in order, until you reach the end. Do not skip around, but go from one circle to the next in the proper order. Draw the lines as fast as you can. Ready? Begin.

Begin timing.

Mean 75 seconds
The Clock Drawing Test (CDT) assesses long-term memory, short-term memory, visual perception, visuospatial skills, selective attention, abstract thinking, and executive skills. The Freund Clock Scoring is correlated with poor driving performance.

In this form of the CDT, the examiner gives the patient a pencil and a blank sheet of paper and says, “I would like you to draw a clock on this sheet of paper. Please draw the face of the clock, put in all the numbers, and set the time to ten minutes after eleven.” This is not a timed test, but the patient should be given a reasonable amount of time to complete the drawing. The examiner scores the test by examining the drawing for each of seven specific elements found on the ADReS score sheet.

<table>
<thead>
<tr>
<th>Element</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only the numbers 1-12 are included (no duplicates or omissions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The numbers are drawn inside the clock circle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The numbers are spaced equally or nearly equally from each other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The numbers are spaced equally or nearly equally from the edge of the circle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One clock hand correctly points to 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are only two clock hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are no intrusive marks, writing or hands indicating incorrect time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(any abnormal elements consider referral to driving evaluation clinic and/or work-up for cognitive/visual/motor impairment)
Clock Drawing Test

Instruct the patient to draw the face of a clock, make it large, either on a blank sheet of paper or on a sheet with the clock circle already drawn on the page. *Inside the circle, please draw the hours of a clock as they normally appear.* After the patient puts the numbers on the clock face, ask him or her to draw the hands of the clock to read “ten after 11.” *Place the hands of the clock to represent the time: “ten minutes after eleven o’clock.”* These instructions can be repeated, but no additional instructions should be given. Give the patient as much time as needed to complete the task. The CDT serves as the recall distracter.
Clock Drawing

2005

2007

Above: Clock Drawing

1/19/05

2005

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ADReS: Next Steps if Abnormal

- Visual: Refer to Ophthalmologist, Formal Driving Evaluation for consideration of adaptive equipment such as extra mirrors

- Range of motion/motor strength: Refer to Physical Therapy, Occupational Therapy to determine rehabilitation potential

- Cognitive: If not recently completed, a full medical checkup to insure that physical problems are not contributing to problems for patient’s cognitive presentation (e.g. CBC, ESR, Chem Panel, TSH, B12 level, UA, finger stick for transient hypoglycemia, pulse oximetry for hypoxia, MRI with contrast.)
ADReS: Next Steps if Abnormal—Reversible/Modifying Factors

- Abnormal blood work (TSH, Vitamins B12, D etc.)
- Medications (The anticholinergics!)
- Physical Problems: Pain, Disease
- Impaired attention: Hearing & Vision Loss
- Sleep problems (e.g. sleep apnea)
- Habits (Alcohol consumption)
- Depression, Anxiety, Stress
Geriatric Depression Scale: Short Form

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? YES / NO
2. Have you dropped many of your activities and interests? YES / NO
3. Do you feel that your life is empty? YES / NO
4. Do you often get bored? YES / NO
5. Are you in good spirits most of the time? YES / NO
6. Are you afraid that something bad is going to happen to you? YES / NO
7. Do you feel happy most of the time? YES / NO
8. Do you often feel helpless? YES / NO
9. Do you prefer to stay at home, rather than going out and doing new things? YES / NO
10. Do you feel you have more problems with memory than most? YES / NO
11. Do you think it is wonderful to be alive now? YES / NO
12. Do you feel pretty worthless the way you are now? YES / NO
13. Do you feel full of energy? YES / NO
14. Do you feel that your situation is hopeless? YES / NO
15. Do you think that most people are better off than you are? YES / NO

Answers in **bold** indicate depression. Score 1 point for each bolded answer.

A score > 5 points is suggestive of depression.
A score ≥ 10 points is almost always indicative of depression.
A score > 5 points should warrant a follow-up comprehensive assessment.

Source: [http://www.stanford.edu/~yesavage/GDS.html](http://www.stanford.edu/~yesavage/GDS.html)
This scale is in the public domain.
Driver Rehabilitation Services – North Dakota

- (1-2 hours) **Comprehensive occupational therapy evaluation**
  - UFOV (Useful Field of View) – visual processing under increasingly complex task demands
  - Optec 2000 – visual acuity/fields, contrast/glare sensitivity, depth perception
  - Physical – brake reaction time, ROM, strength, sensation, coordination, balance
  - Cognitive—attention/concentration, Trails B, visuoperceptual, memory

- (1 ½ hours) **Behind the wheel evaluation:** specially trained driving instructors measure performance in key functional driving domains
  - Navigation
  - Reaction time to volume and situation

- Program can identify adaptive equipment
- Specialized driver training can be offered followed by retesting
Driver Rehabilitation Services – North Dakota
(OT & Behind the Wheel ~ $500)

http://aded.site-ym.com

- Bismarck (Sanford Medical Center) 701-323-8395
  - Kori Erikson OTR/L, CDRS
    • Kori.erikson@sanfordhealth.org 701-323-6544

- Fargo (Sanford Medical Center) 701-280-4070

- Fargo VA Health System
  - Uses Sanford

- Minot (Trinity)
  - Uses Bismarck

- Williston
  - Uses Bismarck

- Grand Forks (Altru) 701-780-2330 – not ADED certified

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Recommending Driving Retirement: 4 Steps

1. Why it is important to Stop Driving
   – Explain results of your evaluation and why those functions are important for driving

2. Transportation Options
   - Ask how they get around when their car is in the shop

3. Reinforce Driving Cessation
   – How would patient feel if he or someone else were hurt or killed
   – If dementia, family may need to hide keys or disable vehicle
   – Insurance companies often withdraw coverage
   – You will report patient to the state if they do not comply
   – Refer to social work, if available, to explore transportation options including eliminating unnecessary trips, utilizing delivery (e.g. Amazon with groceries, pharmacies/mail order) as well as house-call services.

4. Followup appointment: one month, check if driving and for depression

Adapted from The Physician's Guide to Assessing and Counseling Older Drivers, AMA, 2003 specific questions
Is It Time To Stop Driving?  Transportation Options

• Village or county services
  – free or low-cost bus or taxi service for older people, carpools
  – local Area Agency on Aging can help you find services in your area. Call 1-800-677-1116  www.eldercare.gov to find the nearest Area Agency on Aging.

• ‘Paratransit’: affordable, tailored individual transportation(e.g. Portland, Maine; Freund et al., 2006)

• Retirement Communities

• Private -- volunteers who will drive you where you want to go
  – Religious or Civic Groups

• Regular taxi – cost of owning a car – assuming it is paid off
  – $2227 for gas and oil, $2,355 other

• Uber/Lyft – Uber in Fargo only

• Autonomous/Self-Driving Cars – ND 1 of 16 states studying (HB 1065, 2015)
Summary

1. Medical issues that impact older drivers
2. Review of your state’s regulations
3. Brief Office Screening for Driving
Questions

Hey Doc, sign this form for the DMV!
Thank you