Driving and Community Mobility Program

Our Mission
- Maximize an individual’s ability to move within the community safely and independently
- Extend safe driving of well elders as long as possible
- Enable adults with medical conditions and disabilities to safely drive or resume driving
- Develop and promote safe, accessible transportation options for adults

Adult Populations Served
- Well Elders
- Alzheimer’s Disease
- Dementia/Cognitive Changes
- Parkinson’s Disease
- Stroke
- Neurological Deficits
- Traumatic Brain Injury
- Multiple Sclerosis
- Amputation
- Visual Deficits
- Diabetes
- Cataracts
- Glaucoma
- Macular Degeneration
- Arthritis/Orthopedics
- Sensory Deficits

Clinical Evaluation
Assessment of the underlying skills needed for safe driving. This includes: visual and physical assessments, a test of reaction time and cognitive perceptual assessments. Skills such as coordination, strength, visual acuity, contrast sensitivity, attention, problem solving and memory are tested. Clients must demonstrate adequate skills to progress to the Behind The Wheel Evaluation

Behind The Wheel Evaluation
Assessment of actual driving performance with a licensed driving instructor and an occupational therapist in a dual control vehicle. The first component is performed “off road”, in a protected area. Based on demonstration of adequate skills an “on road” assessment in a variety of different driving patterns may be performed. Driving performance elements include: getting in/out of the car, adjusting equipment, starting the car, positioning the vehicle on the road, adjusting speed, responding to traffic signs and changing lanes.

Driver Training
Off and on road training with a licensed driving instructor with or without an adapted/modified vehicle. The number of lessons needed varies based on client’s ability and progress

Vehicle Modification and Adaptive Driving Aids
Identification of vehicle equipment or modifications needed to a client’s own car to enable safe driving, such as, hand controls, left accelerators, steering devices, control extensions, etc. Discussion of vehicle types, mobility equipment vendors and funding sources is provided

Counseling and Education
Developing and implementing driving retirement or cessation plans and providing counseling that includes exploring strategies to facilitate alternative methods of transportation, such as, public and private transportation, para-transit, dial-a-ride, and car or taxi services

Funding
Exploring funding sources for driving rehabilitation, community mobility services, alternative transportation resources, vehicle modifications and adaptive equipment

Additional Services
As needed, and based on evaluation findings, referrals to other disciplines to improve the underlying skills necessary for safe driving and community mobility, such as, referral to an eye care specialist for visual deficits or referral to physical therapy for balance retraining

Insurance Coverage
The services provided under the St. Joseph’s Wayne Hospital Driving and Community Mobility Program is available only as a private pay service. Medicare, Medicaid and private insurances do not typically reimburse for driving rehabilitation services

Who Gets the Results from the Driving Evaluation?
The referring physician receives a detailed written report of findings and recommendations. The client receives a written summary of findings and recommendations, which were also discussed following the evaluation process

Getting Started
A prescription is required from a physician stating: “Occupational Therapy Evaluation for Driving and Community Mobility”. The prescription should also include a diagnosis or other pertinent medical conditions, which may affect driving and community mobility. A valid driver’s license is also needed

For Additional Information, Contact:
St. Joseph’s Wayne Hospital
Driving and Community Mobility Program at Phone: 973-956-3360

Additional Services
As needed, and based on evaluation findings, referrals to other disciplines to improve the underlying skills necessary for safe driving and community mobility, such as, referral to an eye care specialist for visual deficits or referral to physical therapy for balance retraining