

DRIVER REHABILITATION FOR VETERANS WITH DISABILITIES PROGRAM

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook provides procedures for all matters regarding the Driver Rehabilitation Program for Veterans with disabilities and establishes guidelines for these procedures.
- 2. SUMMARY OF CONTENTS.** This Handbook describes general and specific guidance to designated driver rehabilitation specialists and to members of the medical facility's administrative and supporting staff regarding the purpose, scope, procedures, and technicalities of the Department of Veterans Affairs' (VA) comprehensive Driver Rehabilitation Program for Veterans with disabilities.
- 3. RELATED ISSUES.** VHA Directive 1173.
- 4. RESPONSIBLE OFFICE.** The Office of Rehabilitation Services (117) is responsible for the contents of this Handbook. Questions may be referred to 202-461-7333.
- 5. RESCISSIONS.** VHA Handbook 1173.16 dated April 27, 2004 and VHA Program Guide 1173.2, dated April 24, 2004, are rescinded.
- 6. RE-CERTIFICATION.** This VHA Handbook is scheduled for re-certification on or before the last working day of January 2015.

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DISTRIBUTION: E-mailed to the VHA Publications Distribution List 1/11/2010

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DRIVER REHABILITATION FOR VETERANS WITH DISABILITIES PROGRAM

1. PURPOSE

Veterans and members of the Armed Forces with disabilities are entitled to have the opportunity to learn to drive a motorized vehicle on the Nation's public highways. Depending upon the severity of the disability and the available adaptive equipment designed for utilization in today's motor vehicles, the disabled individual should enjoy the independence and freedom of mobility offered all citizens. This Veterans Health Administration (VHA) Handbook provides procedures for all matters regarding the Driver Rehabilitation Program for Veterans with disabilities and establishes guidelines for these procedures.

2. AUTHORITY

a. Public Law (P.L.) 93-538, signed December 1974, mandated VA to provide opportunities for driver education and training for all eligible Veterans with disabilities and certain military personnel.

b. Title 38 United States Code (U.S.C.) Section 3903(e) authorizes driver training activity in VA. It directs that:

(1) The Secretary shall provide, directly or by contract, for the conduct of special driver training courses at every hospital and, where appropriate, at regional offices and other medical facilities, of the Department to instruct such eligible person to operate the type of automobile or other conveyance such person wishes to obtain with assistance under this chapter, and may make such courses available to any Veteran, eligible for care under chapter 17 of this title or member of the Armed Forces, who is determined by the Secretary to need the special training provided in such courses even though such Veteran or member is not eligible for the assistance provided under this chapter. (38 U.S.C. 3903(e)(1)).

(2) The Secretary is authorized to obtain insurance on automobiles and other conveyances used in conducting the special driver training courses provided under this subsection and to obtain, at Government expense, personal liability and property damage insurance for all persons taking such courses without regard to whether such persons are taking the course on an in-patient or out-patient basis. (38 U.S.C. 3903(e)(2)).

(3) Notwithstanding any other provision of law, the Secretary may obtain, by purchase, lease, gift, or otherwise, any automobile, motor vehicle, or other conveyance deemed necessary to carry out the purposes of this subsection, and may sell, assign, transfer, or convey any such automobile, vehicle, or conveyance to which the Department obtains title for such price and upon such terms as the Secretary deems appropriate; and any proceeds received from any such disposition shall be credited to the applicable Department appropriation. (38 U.S.C. 3903 (e)(3)).

3. DEFINITION

Driver rehabilitation for the disabled, within the Department of Veterans Affairs (VA), is defined as: a Professional Services Medical Training Program designed to provide professional evaluation and instruction for eligible Veterans in the safe, competent utilization of special add-on equipment, and mastery of specific skills and techniques to effectively drive a motor vehicle, independently, and in accordance with State Department of Motor Vehicles (DMV) regulations.

4. SCOPE

a. Driver rehabilitation provides Veterans with disabilities (inpatients or outpatients in accordance with P. L. 93-538) appropriate assistance in acquiring skills that make it possible for them to qualify to drive their own vehicles.

(1) Evaluation and assessment are provided to eligible patients having a variety of limiting physical and mental disabilities, whether chronic or progressive-degenerative.

(2) Patients referred to the VA's Driver Rehabilitation Program suffer from a wide range of physical and mental disabilities. Basic instructional techniques in driver education and training are common in many disabilities. Specific and isolated disabilities could require special evaluation and adaptations; i.e., C4 or C5 tetraplegia or triplegia. The multi-modal evaluation and training program is necessitated by those disabilities which are not common to the conventional norm of the disabled population; i.e., Veterans with disabilities using very sophisticated vehicles or training equipment.

b. The program provides assistance in the selection of an appropriate vehicle and equipment for the Veteran with disabilities; thereby increasing mobility and allowing the individual the opportunity to independently enter the mainstream of society.

c. Evaluation and consultative services are provided to Veterans with severe disabilities and family/caregivers who require special considerations to safely ride as a passenger, including ingress and egress of the individual's private vehicle.

5. OBJECTIVES

a. The objectives of this Handbook are to:

(1) Acquaint VA medical facilities with basic information on the operation, application, and procedures involved in the VA Driver Rehabilitation Program.

(2) Provide general and specific guidance to designated driver rehabilitation specialists and to members of the medical facility's administrative and supporting staff regarding the purpose, scope, procedures, and technicalities of VA's comprehensive Driver Rehabilitation Program for Veterans with disabilities.

b. To further the full implementation of this program, VA has:

- (1) Established approximately 45 driver training facilities for Veterans with disabilities throughout the United States;
- (2) Purchased specially equipped vehicles;
- (3) Designated, funded, and trained driver rehabilitation specialists;
- (4) Authorized, purchased, and installed add-on adaptive equipment; and
- (5) Purchased sophisticated training equipment (e.g., simulators, high-tech driving systems, etc.)

6. RESPONSIBILITIES OF THE PHYSICAL MEDICINE AND REHABILITATION SERVICES (PM&RS) NATIONAL PROGRAM DIRECTOR

The PM&RS National Program Director is responsible for:

- a. Developing national policy and procedures for Drivers Rehabilitation programs based on relevant laws, regulations and VA's mission, goals and objectives.
- b. Providing consultation and guidance to Veterans Integrated Service Networks (VISNs) and VA medical facilities that have Driver Rehabilitation programs.
- c. Reviewing and submitting Driver Rehabilitation National program reports.
- d. Ensuring liability insurance contract is in place for the Driver Rehabilitation program.
- e. Appointing a VA Field Advisor who is responsible for advising VHA Central Office on new techniques and equipment relating to driver rehabilitation; educational needs of the driving rehabilitation specialists; problem areas involved in teaching the disabled individual; and all pertinent information which will assist VHA Central Office's administrative officials in maintaining adequate background knowledge of this specialty area and when directed, act for or represent VHA Central Office program officials at meetings, conferences, and/or work groups.

7. RESPONSIBILITIES OF THE VISN DIRECTOR

Each VISN Director is responsible for ensuring Driver Rehabilitation programs are conducted in compliance with relevant Public Laws, regulations, and VHA policy and procedures.

8. RESPONSIBILITIES OF THE FACILITY DIRECTOR

Each Facility Director, or designee, that has a Driver Rehabilitation program is responsible for:

- a. Providing and maintaining program oversight to ensure quality services and compliance with VHA policy and procedures.
- b. Ensuring adequate resources are devoted to the program including, Full Time Equivalent (FTE), space, equipment, repairs, education needs, travel needs and other recourses necessary to maintain the program.
- c. Ensuring accurate and reliable program data is captured and forwarded to appropriate authority.

9. RESPONSIBILITIES OF THE CHIEF, PHYSICAL MEDICINE AND REHABILITATION SERVICES OR APPROPRIATE CARE LINE MANAGER

The Driver Rehabilitation Program is under the professional direction of the Chief, Physical Medicine and Rehabilitation Service (PM&RS), or appropriate care line manager. Technical direction and supervision are the responsibility of the Chief, PM&RS, or designee, the appropriate section supervisor under which the Driver Rehabilitation Program is assigned, and/or the qualified rehabilitation specialist. The Chief PM&R or Designee is responsible for:

- a. Promoting, advocating and supporting the Drivers training program to top management in the areas of FTE, space, equipment, repairs, education needs, travel needs and other resources necessary to maintain the program.
- b. Designating a qualified individual as the primary driver rehabilitation specialist (instructor).
- c. Designating a qualified individual as the alternate driver rehabilitation specialist. The alternate specialist may be responsible for assuming driver rehabilitation responsibilities in the absence of the primary specialist, or may provide only part-time duty to this program. Alternate driver rehabilitation specialists must have completed the VA Driver Rehabilitation Instructor's Training Course prior to assuming the driver rehabilitation specialist duties and responsibilities.

NOTE: *It is important that this program be active on a continuing basis so that patients are treated without interruption.*

10. RESPONSIBILITIES OF THE DRIVER REHABILITATION SPECIALIST(S)

The primary and/or alternate driver rehabilitation specialist is responsible for:

- a. Initiating driver rehabilitation program tasks;
- b. Assigning the workloads;
- c. Assisting in the evaluation and selection of additional driver rehabilitation specialist(s);
- d. Recommending appropriate equipment and supplies;

- e. Supervising maintenance of the equipment;
- f. Taking precautions to ensure that the vehicle is secure; and
- g. Submitting any necessary reports requested by medical facility management and/or VHA Central Office. **NOTE:** *Performance requirements must be developed and published as part of each instructor's annual performance appraisal.*

11. OTHER GUIDANCE

a. **Rotation of Instructors.** Rotation (planned, periodic type) of instructors is believed to be highly detrimental to the success and quality of VA's Driver Rehabilitation Program. A considerable amount of money and training time is invested in preparing the designated instructors for this role within PM&RS. The product of this training (as the qualified driver rehabilitation specialist) must demonstrate unique abilities, attitudes, and capabilities in order to provide the highest quality of service in driver rehabilitation to the Veteran. The skills, psychological adjustment, teaching expertise, and tools utilized by the therapist in driver rehabilitation are different from those attributes needed in other treatment areas, and cannot be readily acquired.

b. **Education.** In addition to the basic qualifications required for the driver rehabilitation specialist, the following educational experiences are offered:

(1) **Instructor Training Facility.** The VA Medical Facility Long Beach, CA, has been designated as the primary training facility for newly appointed driver rehabilitation instructors. The National Director, PM&R Program Office, may designate an additional training site, as necessary to meet VA's need for training new instructors. A minimum of one 2-week training program must be provided each year in collaboration with the assigned VA Employee Education Resource Facility (see Appendix. C).

(2) **Mandatory.** All primary and alternate instructors must receive a minimum of 2 weeks of instruction in a VA Central Office approved Driver Rehabilitation Specialists Trainee (DRST) (one time only) course, provided in collaboration with the assigned VA Employee Education Resource Facility prior to assuming responsibilities for the Driver Rehabilitation Program.

(3) **Continuing Education.** PM&RS VHA Central Office promotes the provision of workshops, seminars, and/or educational conferences for all active specialists; this includes training in special skill areas as simulation and vehicle modification. **NOTE:** *If VHA Central Office support is not available, or specifically appropriate for continuing education needs, contact the facility ACOS for Education.*

(4) **Procedures.** Primary and alternate instructors, or their supervisors, must be contacted prior to scheduling for VHA Central Office sponsored training. Travel, per diem, and tuition costs are the responsibility of the local facility or VISN.

c. **Business Office**

(1) Initial staffing, annual operational fund, and equipment were centrally funded in 1976 and became part of each designated driver rehabilitation center's recurring budget base in 1979. Since that time centers have been expected to cover all future medical care requirements of this program.

(2) Local medical care and equipment funds may be used for:

(a) Purchase and/or replacement of driver rehabilitation vehicles (automobiles, vans, etc.) which are approved by the Under Secretary for Health and which meet the current standards (see Para. 13).

(b) Purchase of add-on adaptive equipment for installation in, or on, the vehicles.

(c) Purchase of simulators for training purposes.

(d) Costs of repair and maintenance of vehicles and other driving rehabilitation equipment used in conducting the program.

(e) Purchase of special equipment to be used for demonstrations at VHA Central Office, or medical facilities.

(f) Per diem and travel for new driver rehabilitation instructor candidates to attend a required 2-week VA Instructor's Training Course prior to assuming program responsibilities.

(g) Cost of transporting vehicles from one site to another when it involves contracting with a transport company. **NOTE:** *Facility travel funds must be used if a VA employee is required to drive the vehicle.*

(h) Coverage of non-VA consultants for program review, attendance at conferences, etc., must be covered by contract.

d. **Supporting Services**

(1) Clinical support of the Driver Rehabilitation Program needs to be available from various services in the host Medical Facility. Educational efforts need to be coordinated through the Associate Chief of Staff for Education. Likewise, additional clinical support needs to be solicited from Audiology and Speech Pathology Service, Neurology Service, Nursing Service, Ophthalmology/Optometry Service, Pharmacy Service, Prosthetic and Sensory Aids Service, Psychiatry and Psychology Services, and Spinal Cord Injury Service. Any or all these services can provide valuable input to assist the Driver Training Instructor in obtaining more detailed assessment, and in planning an individualized plan of care for a Veteran enrolled in the program.

(2) Administrative services also play a key role in the success of the program. Services such as Engineering/Facilities Management, Fiscal/Business Office, and Office of Acquisition and Logistics (OAL) are integral in ensuring that the resources are available for the program, and

that the equipment is maintained and available for the program. Additional support may be needed in eligibility determination and in transferring of patients from one facility to another if Driver Training Services are not available. (See VHA Handbook 1601B.05.)

e. **Professional Organizations.** Certain professional and service organizations can provide support, guidance, and assistance in the administration of local Driver Rehabilitation Programs. Identification of these groups is appropriate and each driver rehabilitation specialist needs to make an effort to utilize such resources. These organizations include, but are not limited to:

(1) American Driver and Traffic Safety Education Association (ADTSEA) and the State affiliates.

(2) The Association of Driver Rehabilitation Specialists (ADED), formerly known as the Association of Driver Educators for the Disabled.

(3) American Automobile Association (AAA).

(4) American Congress of Rehabilitation Medicine (ACRM).

(5) American Kinesiotherapy Association (AKTA).

(6) American Occupational Therapy Association (AOTA).

(7) American Optometric Association (AOA).

(8) American Physical Therapy Association (APTA).

(9) Society of Automotive Engineers.

f. **Other Federal and Local Organizations.** Some Federal agencies and local rehabilitation centers, etc., involved in activities relating to driver rehabilitation of the disabled include the:

(1) National Highway Traffic Safety Administration of the Department of Transportation (NHTSA).

(2) Rehabilitation Services Administration of the Department of Education Resources.

(3) Transportation Research Board, a division of the National Research Council.

(4) National Mobility Equipment Dealers Association.

g. **Safety Performance Standards.** Safety Performance Standards for the conduct of VA's Driver Rehabilitation Program must be developed and published as part of each driver rehabilitation specialist's annual performance appraisal.

h. **Public Information.** The Drivers Rehabilitation Specialist and other key leadership staff need to ensure that eligible Veterans are aware of the existence of the program and the referral mechanisms needed for enrollment.

i. **Study and Research.** Research activities in Driver Rehabilitation Programs for the disabled are encouraged. Driver Rehabilitation Programs are dynamic and are constantly evolving, thus requiring constant updating, evaluation, and supportive data. **NOTE:** *Competent proposals for study and/or research must be reviewed for approval and possible funding by the Coordinator, VA Driver Rehabilitation Program, VHA Central Office and by Rehabilitation Research and Development (122).* Research and other forms of independent study are important avenues of improving local programs and providing additional visibility to driver rehabilitation activities, and they need to be supported at all VA driver rehabilitation centers. **NOTE:** *These studies are to be conducted with the approval of the local Research and Development (R&D) Committee and coordinated through the local ACOS for R&D.*

j. **Statistical Reports**

(1) The gathering and accumulation of data in the Driver Rehabilitation Program are important and must be stressed in the program's overall operation.

(a) This information permits local administrators and VHA Central Office to justify staffing, equipment, and other program needs to higher authority.

(b) These statistics help in the development of standards-productivity, staffing, operations, and program utilization.

(2) VA Form [10-4790](#) the Annual Report on Driver Training (RCS 10-0099), available at <http://vaww.va.gov/vaforms>, (This is an internal web site not available to the public) must be completed and forwarded electronically to PM&RS VHA Central Office (117), no later than October 31. **NOTE:** *Further clarification and information may be received by contacting the Coordinator of Driver Rehabilitation in VHA Central Office (117).*

12. STAFFING QUALIFICATIONS

Designated primary and alternate driver rehabilitation specialists must be Kinesiotherapists, Occupational Therapists or Physical Therapists, who are licensed, registered, or certified by their respective professional organizations. Candidates must have a minimum of a Baccalaureate Degree in kinesiotherapy, physical therapy, occupational therapy, or a specifically related rehabilitation therapy area. Appropriate referrals need to be initiated by the driver rehabilitation specialist to other services for more detailed evaluations, as indicated (i.e., cognitive assessment, neuro-sensory evaluation, visual examination, etc.). All therapists designated as instructors must receive the special 2-week course, "Driver Rehabilitation Instructor Training Course," sponsored by VHA Central Office and the Employee Education Service. **NOTE:** *Additional university credentials, State certification and/or successful completion of the National Driver Rehabilitation Specialist Examination sponsored by Association for Driver Rehabilitation*

Specialists (ADED), formerly known as the Association for Driver Educators for the Disabled, is encouraged.

(1) The individual driver rehabilitation specialist must possess:

(a) Special abilities and technical skills, related to the provision of driver rehabilitation services;

(b) A medical rehabilitation background;

(c) Knowledge of residuals of traumatic and non-traumatic disabilities; and

(d) Special experience in order to evaluate and determine physical limitations of the Veteran with disabilities and the following modalities; i.e., hand controls, lifts, specialty adaptive driving systems, etc.

(2) The individual driver rehabilitation specialist must maintain a current knowledge of:

(a) Technological advances in adaptive equipment and high-tech driving systems;

(b) Changes in automotive design; and

(c) Other factors which may influence an individual's capacity to safely operate a motor vehicle.

13. EQUIPMENT

New or replacement vehicles must be processed through the facility equipment replacement program. These replacement vehicles can be either medium-sized or full-sized automobiles, or mini or full-size vans to accommodate the veteran trainee with more severe disabilities. Selection of the type and size of vehicle is determined locally, based on need and previous history of training and disability types. Each medical facility Director has the discretion to replace the current automobile or van. Reusable portions of add-on adaptive equipment may be retained for installation in, or on, the new vehicle. If funding is available and justification of the need to replace the present vehicle(s) can be provided, documentation must be submitted to the local OAL Officer utilizing the appropriate Integrated Funds Distribution, Control Point Activity, Accounting and Procurement Package (IFCAP) equipment replacement procedures, or as prescribed by existing VA policy.

a. Vehicles

NOTE: *The following specifications, current at the time of issuance of this Handbook, are subject to change due to changes in vehicle design and technological advances. Specific needs will, for the most part, be left to the discretion of the local driver rehabilitation center programs officials.*

(1) **Automobiles.** The basic automobile utilized in driver rehabilitation may be a mid-size or full-size two-door or four-door sedan. The following specifications are suggested:

(a) Color-keyed carpeting, windshield washer and wipers, heater, courtesy lights, lamps and switches, clock, and all other equipment customarily furnished.

(b) Automatic transmission.

(c) Power-locked doors.

(d) Power windows, power steering, and power brakes.

(e) Electric outside mirrors.

(f) Air-conditioning.

(g) Tilt-adjustable steering wheel.

(h) Split-bench front seat with individual controls for six-way power movement.

(i) Deicer and defogger on the rear window.

(j) Belts; i.e., for shoulder, chest, and lap.

(k) AM-FM radio.

(l) State of California emission controls on all vehicles issued in that State.

(m) Suggested optional equipment includes: rear window wiper, vinyl or leather upholstery, remote keyless entry, remote starting, heavy duty battery and alternator to accommodate large lift systems and a special electronic package, and free delivery (free on board (FOB)) to destination, i.e., to the nearest dealer who prepares the automobile for driveway delivery.

(2) **Full-size Vans.** Full-size vans require:

(a) Full-size windows;

(b) A V-8 engine with handling and towing package, which meet National Highway Traffic Safety Administration (NHTSA) specification for gross motor vehicle weight capacity;

(c) Automatic transmission;

(d) A sliding side or side cargo door;

(e) Cruise control;

- (f) High-capacity air conditioning;
- (g) Tilt-steering wheel;
- (h) Power steering;
- (i) Power windows;
- (j) Power brakes;
- (k) Power-door locks;
- (l) Power-outside mirrors;
- (m) AM and FM stereo; and
- (n) A conversion package.

(3) **Mini-vans.** Mini-vans require:

- (a) Full-size windows;
- (b) A V-6 engine;
- (c) Automatic transmission;
- (d) A Sliding-side door;
- (e) Cruise control;
- (f) Three-zone climate-control air conditioning;
- (g) Tilt-steering wheel;
- (h) Power windows;
- (i) Power brakes;
- (j) Power-door locks;
- (k) Power-outside mirrors;
- (l). AM and FM stereo; and
- (m) Accommodations for a drop-floor, ramp-kneeling system which meet NHTSA gross motor vehicle weight capacity.

(4) **Maintenance and Repair.** Routine vehicle servicing is mandatory. All maintenance and repair work on the driver rehabilitation automobile is the responsibility of the VA medical facility. Arrangements may be made with the medical facility's Engineering Service to maintain the vehicle at its peak performance. If Engineering Service does not keep current maintenance records on the vehicle, it is the responsibility of the driver rehabilitation specialist to maintain an up-to-date, legible, and complete service maintenance record on each vehicle assigned to the program. **NOTE:** *As result of recent surveys for accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Joint Commission (TJC), the PM&RS Program Office recommends a weekly maintenance schedule be maintained with the vehicle.*

(5) **Government Services Administration (GSA) Credit Card.** It is suggested that a GSA credit card be issued and utilized to expedite vehicle servicing. Major repairs or maintenance costs may be requested and approved under local VA policy.

(6) **Selection of Vehicles for Client.** The driver rehabilitation specialist is responsible for advising the patient about the types of vehicles appropriate for the Veteran's accessibility and equipment needs.

(7) **Parking Space.** Parking sites for the driver rehabilitation vehicles must receive priority rating at all facilities having Driving Rehabilitation Programs. Parking sites must be immediately accessible to the classroom or clinical area in which the patient receives appropriate pre-driving instruction. Efforts need to be made to have adequate room for egress and ingress for the disabled trainee on both sides of the vehicle, and in case of a van, adequate room must be maintained at the sides and rear for wheelchair lift systems.

(8) **Security**

(a) When not in use, the Driver Training Vehicle must be kept in a secure location and adequate precautionary measures need to be in place such as security checks provided by Medical Facility Security.

(b) Any damage or loss must be reported to OAL Service (90), in accordance with VA Handbook 7002.

(9) **Insurance.** To ensure that adequate liability coverage is provided enrolled driver trainees, an annual commercial automotive liability insurance contract has been established to automatically cover all designated driver rehabilitation vehicles, including leased vehicles at any VA medical facility in which an approved Driver Rehabilitation Program is functioning. Coverage under the contract is for personal liability and property damage. All changes in driver rehabilitation vehicle inventory must be immediately reported to the PM&R Program Office to ensure the applicable vehicles are added, or removed, from the national insurance contract. When the enrolled driver trainee is personally injured during the course of VA-sponsored training, a claim for medical care may be filed with VA. **NOTE:** *Information on specific insurance claims may be received by contacting PM&RS VHA Central Office staff (117), or VHA Fleet Management Office.*

(10) **Safety.** All rules for the safe operation and maintenance of the driver rehabilitation vehicle are to be based on Federal and State laws and regulations governing the area in which the vehicle is operating. Local policies regarding emergency procedures and protocols must be available in the driver rehabilitation vehicle at all times. .

(11) **Transfer of Vehicle.** Transfers of driver rehabilitation vehicles from one driver rehabilitation center to another is authorized, initiated, and coordinated by the sending facility with notification to PM&RS VHA Central Office staff (117). Transfers of vehicles must be coordinated through the Chief, OAL, at both the losing and gaining facilities.

(12) **Loaned Vehicle.** Using driver rehabilitation vehicles on a loan basis from an automobile dealership is discouraged; however, such practice is permissible under certain conditions. Most importantly, the dealer needs to provide adequate and documented proof that the vehicle is insured by the dealer. VA cannot accept responsibility of providing comprehensive insurance on a loaned vehicle. If acceptable, the loaned vehicle needs to be used as a supplemental training vehicle for the VA-issued, or purchased vehicle, and not as a replacement. The loaned vehicle must meet the specifications and standards maintained by VA for use as a driver rehabilitation vehicle and needs to be used for driver rehabilitation purposes only. **NOTE:** *Loaned vehicles and/or equipment must be reported to the Chief, OAL.*

(13) **Restriction in Use of Driver Rehabilitation Vehicle.** Use of vehicles purchased and leased for the VA Driver Rehabilitation Program for purposes other than driver rehabilitation is strictly discouraged. VA Driver Rehabilitation Program vehicles shall be used only for official purposes and use of the vehicle for driver rehabilitation purposes must take precedence over any other need. Family members of persons being trained in the driver rehabilitation vehicle may not drive or ride in the training vehicle. It is permissible, for VA employees to ride in the vehicle for evaluation, orientation, or teaching purposes; clinical training students in the allied health disciplines who have VA appointments may ride in the vehicle, as long as such involvement is undertaken within a phase of their active clinical internship. For safety precautions, the adaptive equipment must not be utilized by unauthorized personnel or untrained VA employees; the inappropriate use of such equipment may pose a safety hazard to non-disabled operators and is strictly prohibited.

(14) **First Aid Kits, Fracture Splints, and Road Emergency Kits.** Automobiles used in driver rehabilitation must be equipped with first-aid kits, universal precaution packages, fracture splints, and road emergency kits (safety triangles, booster cable, etc.).

(15) **Telephone.** Cellular telephones are mandated. A global-positioning system (GPS) may also be purchased and is highly recommended. Specific approval and licensing must be processed through the local telecommunication office.

b. **Adaptive Equipment for Driver Rehabilitation Vehicles**

(1) **Adaptive Equipment for Automobiles.** Adaptive equipment, which is to be purchased by the medical facility for installation, must include the following:

- (a) Hand control (reversible) with optional dimmer switch and horn button;
- (b) Ignition key adapter;
- (c) Dimmer switch on steering column;
- (d) Transfer bar inside (portable);
- (e) Steering devices (spinner knob, v-grip, tri-pin, and amputee ring);
- (f) Assorted safety belts;
- (g) Panavision rear view mirrors;
- (h) Parking brake extension;
- (i) Left-foot gas pedal;
- (j) Right-turn signal adapter;
- (k) Shift lever extension;
- (l) Spinner mount receivers for various assistive devices;
- (m) Driver training sign;
- (n) Slide boards-varied designs;
- (o) Instructor braking system;
- (p) Instructor rear view mirror; and
- (q) Instructor eye-check mirror.

(2) **Van Modification and Adaptive Equipment.** Van modification and adaptive equipment must include:

- (a) Power doors and switches in the steering area and right rear fender;
- (b) A side-mount lift and/or side-ramp system;
- (c) A dropped-floor with leveling and appropriate wheelchair flooring;
- (d) A raised roof with structural support and insulation (a full-size van must have, in addition, a headliner);

- (e) A removable 6-way power transfer seat base;
- (f) An occupant-restraint system with wheelchair tie-down system in the driver station;
- (g) An occupant-restraint system with wheelchair tie-down in the passenger area;
- (h) A variable steering and braking system with backup;
- (i) An extended-steering column, as applicable;
- (j) A key extension;
- (k) An electric emergency brake;
- (l) A dual back-up battery system;
- (m) Hand control (reversible) with dimmer switch and horn button;
- (n) Spinner mount receivers for various assistive devices;
- (o) Steering devices such as: spinner knob, v-grip, tri-pin, and amputee ring;
- (p) An instructor and/or dual steering system for high-tech driving systems;
- (q) An instructor and/or dual braking system;
- (r) A turn signal extension;
- (s) A gear shift extension;
- (t) A secondary control system for high-tech driving systems, e.g., touch-pad, voice-activated system, etc.;
- (u) An instructor rear-view mirror; and
- (v) An instructor eye-check mirror.

(3) **Maintenance and Safety.** Routine maintenance and weekly safety checks of all adaptive equipment must be scheduled and documented. Driver rehabilitation specialists need to be able to identify the operational defects of the adaptive equipment; other specialists such as medical facility engineers, vendors, and the manufacturing representatives of the equipment, may be consulted. A copy of the safety policies and procedures must be maintained in the vehicle at all times.

(4) **Program Guide on Adaptive Equipment.** VHA Handbook 1173.4, Automobile Adaptive Equipment Program, is available on-line at VHA Publications web site (<http://www1.va.gov/vhapublications/>) for the use of all VA medical facilities having an official designated Driver Rehabilitation Program.

c. **Clinical Evaluation for Adaptive Equipment.** The following areas of clinical evaluation are defined.

(1) **Vision.** Portable vision devices provide an evaluation of certain vision factors necessary to perform a safe driving task. Equipment must be available to measure the following: visual acuity, color perception, field of vision, depth perception, glare recovery, and night vision.

(2) **Reaction Time.** A device is used to measure reaction time from acceleration to braking.

(3) **Cognitive and Perceptual Screening.** In screening of basic cognitive and perceptual motor materials, identification and/or verification of a potential problem must be referred to the appropriate professional for a more in-depth evaluation.

(4) **Neuromotor Assessment.** This is a physical assessment of range of motion, strength, sensation, coordination, and endurance.

d. **Simulation Equipment**

(1) **Utilization.** Simulators create a classroom driving situation, which duplicates the visual, aural, and biomechanical environment of driving without motion. The simulator increases the number of patients who can be trained by providing driving experience in a classroom setting. It is an important tool in evaluating and determining the physical and mental capabilities of all types of disabled patients.

(2) **Training.** At the time of purchase of a simulator, a minimum of 1 full day of training must be incorporated into the purchase order. Driver rehabilitation specialists must be totally familiar with operation and maintenance of the simulator, as well as how the equipment can be incorporated into the training program for disabled drivers. **NOTE:** *Before purchasing a simulator, the Office of the Director, PM&RS, VA Central Office, needs to be consulted.*

(3) **Space.** It is recommended that a single room, measuring approximately 18' by 16,' needs to be provided for projection-type simulator training at a driver rehabilitation center.

14. DRIVER REHABILITATION PROGRAM PROCEDURES

a. **Procedures**

(1) Referrals for driver evaluation must be received from the physician or service most knowledgeable of the patient's physical and mental problem(s).

(2) Veterans referred for driver rehabilitation, who are not involved with a rehabilitation treatment team, should be considered for a team-based comprehensive rehabilitation needs assessment due to the likelihood of having other physical, behavioral, or functional problems that may need to be addressed.

(3) Treatment may be terminated if the patient is using illegal substances, abusing prescription medication, or consuming alcohol at risky levels. If treatment is terminated because of alcohol or drug problems, the patient should be referred to the VHA Substance Use Disorder Program. The patient may be re-admitted to the Driver Rehabilitation Program only after written certification by the Substance Use Disorder Program manager that the patient no longer constitutes a likely safety risk due to use of drugs or alcohol.

(4) Termination from the Driver Rehabilitation Program, other than for medical reasons, before successful completion of the program will be based upon professional judgment of the driver rehabilitation specialist.

(5) Final determination of patient's capacity to drive and be licensed rests with the appropriate State licensing agency.

b. Determining Eligibility for Driver Rehabilitation

(1) **"Eligible Person."** For the purposes of this Handbook, the term "eligible person", according to 38 U.S.C. 3901, means:

(a) Any veteran entitled to compensation under chapter 11 of this title for any of the disabilities described in subparagraph 1., 2., or 3. below, if the disability is the result of an injury incurred or disease contracted in or aggravated by active military, naval, or air service:

1. The loss or permanent loss of use of one or both feet;

2. The loss or permanent loss of use of one or both hands;

3. The permanent impairment of vision of both eyes of the following status: central visual acuity of 20/200 or less in the better eye, with corrective glasses, or central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than twenty degrees in the better eye; or

***NOTE:** Permanent impairment of vision in both eyes, as described in this subparagraph, ordinarily will rule out special driver rehabilitation. It is necessary, that each visually-impaired applicant be separately evaluated since certain vision impairments, as field defects, may not bar participants. Some States will issue a drivers license to wearers of spectacle mounted telescopes that correct vision to 20/40 or better)*

(b) Any member of the Armed Forces serving on active duty who is suffering from any disability described in subparagraph 1., 2., or 3. of subparagraph. (a) of this paragraph if such disability is the result of an injury incurred or disease contracted in or aggravated by active military, naval, or air service.

(2) Additional Persons Able to Receive Driver Rehabilitation Training

(a) Any veteran eligible for medical care under 38 U.S.C. Chapter 17, and any member of the Armed Forces who is determined by the VA to need this special driver rehabilitation, even though such Veteran and member are not eligible for financial assistance in the purchase of an automobile or other conveyance under 38 U.S.C. Chapter 39.

(b) Any non-veteran referred as part of an authorized sharing agreement under authority of VHA Directive 1660.1, as described in preceding subparagraph 14b.

(3) Other Participation Criteria

(a) The patient must be eligible for a valid State permit or license.

(b) The patient must be willing to release medical information to the State in accordance with individual Department of Motor Vehicles (DMV) policy.

(c) The patient must not have used illegal substances in the past 45 days and must be in compliance with local state law and vehicle codes regarding operation of a motor vehicle.

NOTE: *The ultimate goal of the Driver Rehabilitation Program is to return the Veteran back to full driving with appropriate modifications to the vehicle. The program cannot make a legal determination as to whether a Veteran with a progressive disorder can safely operate a motor vehicle. The determination of whether someone should maintain their driver's license is the responsibility of the state in which they reside. Appropriate mechanisms should be developed to refer patients with progressive disorders such as dementia directly to the state for assessment.*

c. Referral

(1) The Electronic Consultation Form must be used. A request for "Evaluation for Driver Rehabilitation" from the primary care or attending physician must be sent through the PM&RS, or appropriate care line. Driver rehabilitation services may be provided to inpatients and outpatients, although it is anticipated that the majority will be on outpatient status during training. **NOTE:** *PM&RS evaluates each applicant and accepts only those candidates for training who meet the various minimum requirements.*

(2) The consultation must contain:

(a) The medical history of the driving candidate,

(b) A list of medications which may affect driving, and

(c) A list of the concurrent limitations which accompany the patient's primary disability (see App. D) **NOTE:** *It is recommended that the Driver Rehabilitation Specialist work with local*

computer specialists to develop a consult referral template to ensure all needed information is present on the referral.

(3) **Psychiatric Care Status.** Referral by the Mental Health Team is required for patients currently under care for a psychiatric disorder. Those referred patients may receive driver rehabilitation if they meet all other eligibility requirements for PM&RS treatment, and they pass the evaluation procedures provided by the PM&RS physician and the Psychiatry and/or Psychology staff.

d. **Admission Criteria**

(1) The furnishing of driver rehabilitation for persons with disabilities is a medical therapy furnished in the same manner as other therapy.

(2) After determination of legal eligibility by the Business Office, the inpatient or outpatient applicant is referred to PM&RS for physical and/or psychological examinations for the decision as to the medical feasibility of undergoing the special training on an inpatient or outpatient basis. **NOTE:** *Occupational Therapy, Speech Language Pathology and Psychology Service may be consulted to provide an evaluation in those patients with a history of or evidence of significant cognitive deficiencies.*

(3) If a decision is reached to obtain training from a non-VA source and a satisfactory source is identified (see subpar. 14g), the medical facility initially receiving and processing the request must complete the required contract (Memorandum of Understanding (MOU)) and pay all charges. For example, if the request is initially processed at the Outpatient Clinic, Oakland Park, FL, and a decision made to obtain contract or MOU services, the necessary contract or MOU must be developed by the VA Medical Facility Miami, FL (the parent facility), and related charges are to be paid by that medical facility. **NOTE:** *VA medical facilities not having special driver rehabilitation activities may obtain consultative services from medical facilities which do.*

e. **Training of Non-Veterans.** According to law, only a “Veteran or member of the Armed Forces, eligible for care under 38 U.S.C. Chapter 17,” is permitted to receive driver training. All other individuals have to be referred to non-VA resources for such training (see 38 U.S.C. Section 3903(e)(1)). However, some individual driver rehabilitation centers may qualify as “sharing of health care resources” under 38 U.S.C. Section 8153, and enter into a sharing agreement with other medical facilities. Public Law 104-262, Section 301, “Revision of Authority to Share Medical Facilities, Equipment, and Information,” dated October 6, 1996, expanded VA’s capacity to enter into sharing agreements with other health care providers.

(1) Agreements for driver rehabilitation services need to be between the local VA facility and appropriate health care facilities, or other governmental agencies, requiring such services. Such agreements must be established according to local and national policies.

(2) Training must only be provided by a Certified Driver Rehabilitation Specialist.

(3) Services must only be provided within excess capacity of the program and must not result in any delay of services to eligible Veterans or Armed Services personnel.

f. **Transfers of Veterans to Driver Rehabilitation Centers.** When the physician's findings indicate an applicant can be expected to satisfactorily complete a special driver rehabilitation course, and the applicant accepts the plan offered, arrangements must be made to move the person to the nearest VA Driver Rehabilitation Center having authorized accommodations for completing the special training. The use of hoptel beds is encouraged for those patients that do not require overnight nursing care. ***NOTE: Movement of patients between facilities is governed by VA Handbook 1601B.05 Beneficiary Travel.*** Direct commuting from a patient's home to the training facility may be utilized when so warranted. Following completion or termination of the training, the patient is to be provided whatever return transportation is needed and for which the patient is entitled to receive under applicable authorities. Funding for these transfers are provided by the "releasing facility" (see App. D).

g. **Non-VA Training Programs**

(1) Certain situations may demand that a veteran seek driver training at some rehabilitation center other than an approved VA Driver Rehabilitation Program. Such situations could include:

- (a) Inability to leave area of residence for family reasons,
- (b) Inability to travel long distances to reach the nearest driver rehabilitation center, or
- (c) Unavailability of space.

(2) If any of these situations exist, it may be necessary to contract or provide this training through a MOU at the nearest non-VA Driver Rehabilitation Program offering appropriate services to meet the Veteran's needs. It is the responsibility of a knowledgeable PM&RS specialist to review the non-VA facilities to determine whether or not they meet VA standards for training of the disabled; e.g., adequate and safe adaptive equipment, a state-certified instructor, a respectable training record, etc., before the Veteran receives such training, or the contract or MOU is developed to authorize payment of such service.

h. **Training in Veteran's Personal Vehicle or Vendor Equipped Vehicle.** It is permissible to teach adaptive driving skills to a Veteran in the Veteran's own personal vehicle, or in a vendor-equipped vehicle, as long as the Veteran, or vendor, can show documented proof that the vehicle is covered by the minimum State requirements for insurance. This situation may occur when the Veteran has need for special adaptive equipment or structural modifications of the vehicle not ordinarily utilized or available in the VA driver rehabilitation vehicle(s). ***NOTE: It is recommended that in such training situations, an instructor's brake needs to be installed prior to beginning the training. Magnetic signs indicating student driver need to be affixed to the vehicle.***

i. **Certificate Of Training.** In order to standardize the certification completion of the VA driver rehabilitation course, VHA Central Office has determined that VA Form 3904, Certificate of Training, is to be awarded to all patients who successfully complete the VA Driver

Rehabilitation Program. State licensure is not a prerequisite for obtaining this certificate; in fact, the certificate needs to be given prior to taking the State DMV examination. **NOTE:** *VA Form 3904 can be ordered through the local "forms officer" in Human Resources Management, or from A&MM. The stock number is F05525.*

j. **Medical Advisory Boards.** It is strongly recommended that each VA Driver Rehabilitation Program establishes a local Medical Advisory Board and/or Major Medical Equipment Committee to oversee the operations of the program, and to assist in the medical evaluation procedures in difficult or questionable circumstances.

k. **Licensing.** The final responsibility for licensing the patient who completes the VA Driver Rehabilitation Program rests with the individual Veteran and the individual State DMV. The VA staff needs to be aware of the State eligibility requirements, and to cooperate with the State, as much as possible, in accordance with the Hospital Insurance Portability and Accountability Act (HIPAA), on behalf of the patient.

l. **Night Driving.** The ability to drive at night or at dusk is quite different from daytime driving. The glare from lights of oncoming traffic, lower-visual acuity, inability to determine road width, or to see directional signs may be influenced when switching from daylight to nighttime driving. Medical facility authorities are encouraged to support all driver rehabilitation specialists in providing a portion of the teaching program to night instruction.

m. **Release of Medical Information.** With the patient's written consent, a page(s) of the patient's medical record, which shows the patient's status in the Driver Rehabilitation Program, may be duplicated (with appropriate clearance from the Business Office) and forwarded to the State DMV for determination as to whether or not the veteran can be examined for licensure.

n. **Limitations.** The goal of the Driver Rehabilitation program is to determine the Veteran's functional ability to drive safely; however, there is no guarantee that participation in the program will ensure safe driving 100 percent of the time.

15. OPERATIONAL GUIDELINES

a. **Instructor-Patient Relationship.** The heart of the VA Driver Rehabilitation Program is the actual instructor-patient relationship during the period between the receipt of the physician's referral to the attainment of a Certificate of Training. The driver rehabilitation specialist is well-versed in treating disabilities and in identifying residuals and/or deficits that may affect a patient's driving capabilities. This guidance in this Handbook is critical to the driver rehabilitation specialist in eliciting a Driver Rehabilitation Program specific to the needs of each patient and within the patient's physical and emotional capabilities.

b. **Types of Disabilities that are Treated in the VA Driver Rehabilitation Program**

(1) Paraplegia;

(2) Tetraplegia;

- (3) Traumatic Brain Injury (TBI);
- (4) Hemiplegia;
- (5) Neurological and brain disorders;
- (6) Amputation, i.e., upper and lower extremities;
- (7) Orthopedic problems;
- (8) Mental health problems;
- (9) Disabilities associated with aging.

c. **General Behavioral Objectives Expected of Patients**

(1) The patient must acquire knowledge of all areas of the Driver Rehabilitation Program specific to their individual needs. Both didactic theory and practical experience must be provided.

(2) Psychomotor improvements in handling the segments of the driver rehabilitation task (e.g., space-cushioned driving) may be noted by comparison of function before and after completion of the Driver Rehabilitation Program.

(3) The patient needs to develop a favorable psychological attitude toward the everyday driving responsibilities.

(4) The patient is to become as proficient a driver as possible through the use of the most modern education, teaching, and rehabilitation techniques (e.g., search, identify, predict, decide, execute (SIPDE)).

***NOTE:** The use of adaptive equipment and vehicle modification enables as many disabled individuals as possible to become independent in their transportation needs.*

d. **Pre-driving Assessment and Evaluation.** The Driver Rehabilitation Specialist must ensure the following areas are addressed as part of the initial assessment and evaluation:

(1) **Initial Contact.** Have the initial contact with patient (driver rehabilitation candidate) in an interview atmosphere.

(2) **VA Form 10-9028, Driver Training Functional Evaluation Record.** This form is available for use or may be used as a guide for the assessment process.

(3) **History.** Obtain from patient the history of the patient's driving record, including any citations, accidents, or suspensions, as well as military defensive driving strategies which may have been taught to the Veteran.

(4) **Medical Clearance.** Inform patient of steps to be taken to obtain medical clearance, if such is required from the State medical authority.

(5) **Pre-driving Testing**

(a) Performed by Driver Rehabilitation Specialist

1. Visual acuity, depth-perception, color-vision, peripheral-vision, night acuity, and glare recovery (tests may be administered by use of visual screening tools).

2. Functional muscle testing.

3. Basic perceptual test (e.g., dynamic figure-ground).

4. Range of motion of all extremities, plus neck, if feasible. If lower extremities are non-functional, emphasis on exactness of upper extremity range of motion becomes greater.

5. Coordination testing.

6. Hearing (subjective).

7. Balance (static and dynamic).

8. Activity tolerance and susceptibility to fatigue.

9. Spasticity.

10. Bowel or bladder control.

11. Reaction time, i.e., response time from accelerator to brake.

12. Sensation and proprioception.

13. Functional activities of daily living (ADL).

14. Educational training (classroom portion).

(b) To be Performed by other Service Staff Members, as appropriate, to the Patient's Medical and/or Mental Health Diagnosis

1. Standard psychological tests, if applicable, administered by a staff psychologist and/or neuropsychologist to determine candidate's emotional and mental capacities to operate a motor vehicle.

2. Extensive perceptual tests given by qualified allied health care professional.

3. Evaluation of patient's communication and hearing potential, to be administered by Audiology and Speech Pathology.

4. Advanced visual evaluation as indicated by an Optometrist or Ophthalmologist.

(6) **Driving Simulator.** The driver rehabilitation specialist needs to be aware of the many benefits and limitations of the driver simulator as an evaluation tool and instructional device. Included in this understanding of the simulator are its design, concepts, capabilities, limitations, and preventive maintenance.

(7) **Valid Driver's License.** The driver rehabilitation specialist must be sure the patient has a valid driver's license or valid learner's permit before beginning on-the-road driving. Coordination with the local DMV is essential. **NOTE:** *Some patients may not be required to take written, vision, and/or driving examination at the DMV.* If it is determined that the patient's license had been suspended or revoked, the patient must be discontinued from the program until such time as permission has been obtained from the DMV to resume the training.

(8) **Counseling and Education.** In counseling the patient, it is essential to:

(a) Remind patients of the patient's responsibilities.

(b) Discuss the perils of being under the influence of alcohol and illicit drugs, as well as prescribed and non-prescription medications, when driving.

(c) Review potential distractions during driving such as cell phone use, setting GPS systems, passenger behavior, etc.

(d) Educate the individual about strategies to eliminate potentially dangerous compensatory mechanisms learned while on active duty when driving in the civilian world.

(e) Elaborate on the statement, "Driving is a privilege, not a right."

e. **Four Phases of In-Vehicle Instruction.** During all four phases the instructor must continually emphasize the benefits of defensive driving.

(1) **Phase One Instructions.** Phase One instruction includes:

(a) Training in transferring to and from vehicle.

(b) Evaluating the need for assistive and prosthetic devices.

- (c) Orienting the patient to vehicle controls and add-on adaptive equipment.
- (d) Assisting the patient to assume proper body positioning and alignment (e.g., seat height, position of legs).
- (e) Teaching mirror references, including “blind spot” checks and tests.
- (f) Noting passenger responsibilities (e.g., seat belts, lock doors).
- (g) Emphasizing pre-driving check which includes external (e.g., lights) and internal (e.g., gas supply) considerations.
- (h) Practicing ingress and egress of mobility aids.
- (i) Preparing lesson plans and course routes for all steps of vehicle in motion training, such as:

1. Starting and stopping;
2. Right and left turns;
3. Centrifugal forces;
4. Backing-up;
5. Parking with no obstacles;
6. Reaction time (gas to brake);
7. Smooth acceleration and braking; and
8. Visual tracking.

(2) **Phase Two Instructions.** *NOTE: Enter this phase only after student has mastered all steps in Phase One.* Phase Two is carried out in a quiet residential area with light traffic and no hills, and includes:

- (a) Limit-line approaches to intersections.
- (b) Intersections.
- (c) SIPDE Drills. Search (visual scanning), Identify (possible hazards), Predict (possible consequences of hazards), Decide (what to do if potential hazard becomes a reality), Execute (carry out planned action).

- (d) Two-second rule.
- (e) Lane changes.
- (f) U-turns and three-point turnabouts.
- (g) Parallel parking.
- (h) Emotional stability behind the wheel.
- (i) Training in the Smith System by:
 - 1. Aiming high in steering,
 - 2. Getting the big picture,
 - 3. Keeping your eyes moving,
 - 4. Making sure on coming traffic can see you, and
 - 5. Leaving yourself an “out.”

(3) **Phase Three Instructions.** Complex driving includes taking the patient downtown, on hills, in traffic circles, and on congested roads:

- (a) Hill driving; Uphill and downhill parking, speed control.
- (b) Passing other vehicles.
- (c) Hazardous driving situations (e.g., inclement weather, stuck accelerator, brake failure, flat tire).
- (d) Changing traffic flows.
- (e) Awareness of pedestrian hazards.

(4) **Phase Four Instructions.** Phase four includes:

- (a) Freeway entry and exit.
- (b) Car control.
- (c) Emergency stops.
- (d) Night driving, to include: glare avoidance, visibility reduction, and fatigue with extended trips.

NOTE: In all lessons, goals and expectations must be discussed with the patient prior to in-vehicle training and a critique must follow road performance. Specifics of driving techniques not included in the preceding are to be covered as road conditions arise. No specific number of lessons is prescribed for a patient with a certain disability. It may take a spinal cord injured patient (X) lessons to adjust to using hand controls, or it may take a stroke victim (Y) lessons to learn to compensate for the patient's affected side.

f. **Certificate of Training.** Upon completion of the in-car training, the patient may be scheduled for a driving examination at the DMV. A Certificate of Training is given to the patient at this time, signifying successful completion of the course.

g. **Selection of Vehicle.** The driver rehabilitation specialist assists the patient in the selection of an appropriate vehicle, vehicle modification, and proper add-on adaptive equipment to meet the patient's needs according to current eligibility requirements, either as a driver, or as a passenger.

h. **Documentation of Clinical Chart.** The patient's progress must be documented in the medical record from time of initial evaluation and/or assessment until completion of the Driver Rehabilitation Program. Documentation must follow local medical facility policy and be in compliance with appropriate accreditation standards (i.e., the Joint Commission and the Commission on the Accreditation of Rehabilitation Facilities (CARF)).

16. STANDARDS

a. **Productivity**

(1) It is necessary in any medical program to have the capabilities of judging the effective utilization of such a program. There may be a need to determine upgrading, counseling, or possible termination efforts in the conduct of one or more of the designated facilities.

(2) Three categories of evaluation currently exist to provide the basis for productivity:

(a) Number of annual referrals to the program,

(b) Number of annual training hours provided in the program, and

(c) The amount of time each instructor gives to the program.

(3) New methods of measuring productivity including use of Event Capture, Current Procedural Terminology (CPT) Codes, and International Classification of Diagnoses, Clinical Modifications, 9th Edition (ICD-9-CM) Codes are being incorporated into the Decision Support System (DSS) as new means for effectively measuring productivity and costs. All driver rehabilitation clinics need to have stop code 230 in the primary credit position. The secondary credit stop code should be devoted to the discipline providing the training, such as 214 for Kinesiotherapy, 206 for Occupational Therapy, 205 for Physical Therapy, etc. **NOTE:** The

Coordinator of the Driver Rehabilitation Program, VHA Central Office, reviews the Annual Reports to assess existing workload and productivity. Consideration is given to those medical facilities in isolated geographic areas where veteran activity is known to be low.

(4) Specific workload data must be maintained by the PM&RS Program Office (117).

b. **Nonproductivity.** Efforts must be made to review the annual report data from each facility; to determine those driver rehabilitation centers which do not meet these standards over an established period of time; and to recommend termination or intensive upgrading of delinquent centers. All such action is to be cleared through the appropriate VISN and the Office of PM&RS, VHA Central Office.

c. **Accreditation.** Driver Rehabilitation programs that are a part of a programming that is CARF accredited must adhere to the applicable CARF Standards.

REFERENCES AND RELATED SUPPORTIVE MATERIAL

1. **References**

- a. Public Law 93-538.
 - b. VHA Handbook 1660.01, Enhanced Health Care Resource Sharing Authority – Selling.
 - c. VHA Handbook 1173.4, Automobile Adaptive Equipment Program.
 - d. VHA Handbook 1173.08, Medical Equipment and Supplies.
 - e. VA Handbook 7002, Logistics Management Procedures
 - f. American Automobile Association Foundation for Traffic Safety. www.aaafoundation.org or www.seniordrivers.org
 - g. American Medical Association: Physician's Guide to Assessing and Counseling Older Drivers. <http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/geriatric-health/older-driver-safety/assessing-counseling-older-drivers.shtml>
 - h. National Highway Traffic Safety Administration. www.nhtsa.gov
 - i. AARP formally American Association of Retired Persons. www.aarp.org/driver
 - j. American Society on Aging. www.asaging.org/drivewell
 - k. ADED: Association for Driver Rehabilitation Specialists. www.aded.net
 - l. National Mobility Equipment Dealers Association: NMEDA. www.nmeda.org
 - m. American Occupational Therapy Association. www.aota.org/olderdriver
 - n. Commission on Accreditation of Rehabilitation Facilities (CARF). Accreditation manuals available through the VA Office of Quality and Performance. <http://vaww.oqp.med.va.gov/default.htm>
2. **Supportive Material.** Current information and technological advances in driver rehabilitation may be obtained through literature search. The following rehabilitation journals often contain interesting articles on driver rehabilitation:
- a. Archives of Physical Medicine and Rehabilitation.
 - b. Clinics in Geriatric Medicine.

- c. Rehab Management.
- d. Journal of Rehabilitation Research and Development.
- e. American Journal of Occupational Therapy.
- f. Paraplegic News.

SAMPLE OF A DRIVER REHABILITATION INSTRUCTOR TRAINING COURSE

***NOTE:** This was prepared by the Department of Veterans Affairs (VA), Physical Medicine and Rehabilitation Service (PM&RS), in cooperation with the Employee Education Service (EES) and the Long Beach VA Medical Facility*

1. Purpose. The 10-day course is to provide basic training for rehabilitation therapists to become driver rehabilitation specialist in the theory, skills, and techniques required to teach disabled persons to drive and to administer a Driver Rehabilitation Program.

2. Objective. At the completion of the course the prospective driver rehabilitation specialist is able to:

a. Evaluate disabled persons in terms of basic mental and physical capability to perform the driving task.

b. Analyze individual disabilities in terms of performance of the driving task and prescribe necessary adaptive devices.

c. Prepare and conduct specific driver rehabilitation lessons designed to enable individual disabled patients to become competent drivers.

d. Perform skills comprising the driving task in on-road traffic situations both with usual vehicle controls and with special modalities enabling the disabled to drive.

e. Evaluate patient performance in achieving competence in the driving tasks.

f. Determine individual need and manage ancillary learning enabling the patient to own, insure, maintain, and operate, a specially adapted vehicle.

g. Facilitate individual patient compliance with pre-and post-instruction licensing requirements of the Department of Motor Vehicles (DMV).

h. Perform proper administrative tasks in operation of a Driver Rehabilitation Program.

i. Perform follow-up evaluation of patients as needed to determine continued suitability of adaptive devices to patient's needs.

3. Accreditation. VA is an approved provider of training courses and workshops endorsed by the Association for Driver Rehabilitation Specialists (ADED (formerly known as the Association of Educators and Drivers for the Disabled)). All faculty members must hold current certification as a driver rehabilitation specialist.

4. Agenda

a. Session 1

- (1) Welcome
- (2) Course Registration
- (3) Review of Pre-course Assignment
- (4) Assignment of Reports on Disability

b. Session 2

- (1) Individual Traffic
- (2) Driving Exam

c. Session 3

- (1) Introduction to the library and educational resource center
- (2) Work-up of Reports on Disability

d. Session 4

- (1) Vision and Driving
- (2) Perception and the Driving Task

e. Session 5

- (1) Basic Cognition and Visual
- (2) Perceptual Motor Screening
- (3) Driving with Perceptual Deficits

f. Session 6

- (1) Shared-risk
- (2) Identification of Visual and Neuro-muscular Deficiencies
- (3) Assessment and Techniques

g. Session 7

- (1) Traffic Safety and Driver Education
- (2) Search, Identify, Predict, Decide, and Evaluate (SIPDE)
- (3) Smith System
- (4) Space Cushion

h. Session 8

- (1) In-car Instruction

- (2) Taking Control by Instructor
- (3) Driving from Instructor Position

i. **Session 9**

- (1) Preparing Lesson Plans
- (2) Preparation and Practice for Road; Lesson #1, Driving Only on Medical facility Grounds

j. **Session 10**

- (1) Initial Clinical Evaluation with Patient for Sensory Integration
- (2) Neuro-muscular and Motor Skills
- (3) Student Instruction with Patients
- (4) Road Lesson #1 in Automobile
- (5) Critique - Road Lesson #1

k. **Session 11**

- (1) Reduced-risk Turns
- (2) Turning Paths

l. **Session 12.** Preparation and Practice for Road; Lesson #2

m. **Session 13**

- (1) Student Instruction with Patients
- (2) Road Lesson #2 in Automobile
- (3) Critique Road Lesson #2

n. **Session 14.** Wheelchair to Car and/or Van Transfers

o. **Session 15**

- (1) Adaptive Driving Equipment
- (2) Van Modifications

p. **Session 16**

- (1) Wheelchair Lifts
- (2) Specialized Driving Systems

q. **Session 17.** Vendor Tour for presentation of available vehicles, modifications and equipment

r. Session 18

- (1) Van Operation
- (2) Behind-the-Wheel

s. Session 19. Written Vehicle Modification Prescription

t. Session 20. Freeway and Expressway Driving

u. Session 21. Preparation and Practice for Road Lesson #3

v. Session 22

- (1) Evaluation of Older Drivers
- (2) Proper Vehicle Selection

w. Session 23

- (1) Student Instruction with Patients
- (2) Road Lesson #3 in Automobile
- (3) Critique Road Lesson #3

x. Session 24. Roundtable Discussion: Problems in In-car Instruction with Patients

y. Session 25. Accident Reporting

z. Session 26. Program Administration

aa. Session 27. Role of Prosthetic Service

bb. Session 28

- (1) Vehicle Selection for the Person with Disabilities
- (2) Automotive and Van Adaptive Equipment Prescription
- (3) Practical Exam

cc. Session 29. Introduction and Advantages to Simulation for Drivers with Disabilities #1

dd. Session 30. Student Reports

ee. Session 31. Introduction and Advantages to Simulation for Drivers with Disabilities #2

ff. Session 32. Familiarization with Audio-visual Equipment and Classroom Aids

gg. Session 33. Final Road Test Utilizing Vehicle Adaptive Equipment

hh. **Session 34.** Participant Competency Demonstration

ii. **Session 35**

- (1) Course Evaluation
- (2) Presentation of Certificates

MEDICAL FACILITY PROCEDURES REGARDING REFERRAL AND REQUEST FOR DRIVER REHABILITATION

1. A Department of Veterans Affairs (VA) facility requesting the transfer of a patient for the purpose of providing driver rehabilitation needs to initiate the procedure through its Physical Medicine and Rehabilitation Service (PM&RS) or appropriate rehabilitation care line. The facility needs to make an application, at least 30 days in advance, to the Chief, PM&RS, through the Business Office at the receiving facility. The minimal requirements include:
 - a. A recent medical summary adequate to determine the feasibility for driver rehabilitation.
 - b. Four basic types of medical information, which may affect a veteran's ability to drive, need to be addressed:
 - (1) Conditions which affect one's ability to perceive the environment because of loss of consciousness (as in epilepsy) or the limitation of a single sense (such as vision).
 - (2) Conditions which alter one's judgmental processes; e.g., mental health problems, senile changes, or brain damage.
 - (3) Motor and/or sensory response conditions which limit the ability to respond rapidly to changes in traffic.
 - (4) Diseases such as alcoholism, which may impair all three types of functions.
 - c. If any of the preceding medical conditions impair driving ability, the medical examination must be sufficiently detailed to allow PM&RS physicians at the VA facility to make an informed decision regarding medical appropriateness.
 - d. Current PM&RS examination including the Functional Independence Measure (FIM), or other appropriate self-care assessment.
 - e. Auditory examination and visual examination.
2. The Chief, PM&RS, and staff, upon receipt of the application, determines acceptability of the applicant and sets a reporting date for admission to the program. Transfer is accomplished by Standard Business Office Procedures. Spinal cord patients (non-traumatic and traumatic) are to be admitted on the Spinal Cord Injury (SCI) Service. Other appropriate patients are to be admitted to the medical rehabilitation inpatient unit or other appropriate cost effective setting.
3. The Driver Rehabilitation Program covers a maximum period of 10 working days (intra-medical facility patients). Upon completion of the training, the patient is then transferred back to the patient's original facility, as mutually arranged.
4. The Driver Rehabilitation Program covers special reviews as requested by the Department of Motor Vehicles to discuss the patient's driving records and/or physical disability.

**DEPARTMENT OF VETERANS AFFAIRS (VA)
DRIVER REHABILITATION CENTERS**

NOTE: HCS is Health Care System.

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| 1. VA Upstate New York, Albany, NY | 21. VA Medical Facility, Indianapolis, IN |
| 2. VA New Mexico HCS, Albuquerque, NM | 22. VA Central Iowa HCS, Knoxville, IA |
| 3. VA Medical Facility, Ann Arbor, MI | 23. VA Medical Facility, Lexington, KY |
| 4. VA Medical Facility, Atlanta, GA
(Decatur) | 24. VA Medical Facility, Little Rock, AR |
| 5. VA Medical Facility, Augusta, GA | 25. VA Medical Facility, Long Beach, CA |
| 6. VA Baltimore HCS, MD | 26. VA Medical Facility, Memphis, TN |
| 7. VA Gulf Coast HCS, Biloxi, MS | 27. VA Medical Facility, Miami, FL |
| 8. VA Boston HCS, Brockton, MA | 28. VA Medical Facility, Milwaukee, WI |
| 9. VA Medical Facility, Bronx, NY | 29. VA Medical Facility, Minneapolis, MN |
| 10. VA Medical Facility, Butler, PA | 30. VA Medical Facility, Oklahoma City, OK |
| 11. VA Hudson Valley, Castle Point, NY | 31. VA Medical Facility, Palo Alto, CA |
| 12. VA Medical Facility, Cleveland, OH | 32. VA Medical Facility, Philadelphia, PA |
| 13. VA Medical Facility, Columbia, SC | 33. VA Medical Facility, Phoenix, AZ |
| 14. VA North Texas HCS, Dallas, TX | 34. VA Medical Facility, Portland, OR |
| 15. VA Medical Facility, Denver, CO | 35. VA Medical Facility, Richmond, VA |
| 16. VA New Jersey HCS, East Orange, NJ | 36. VA Medical Facility, Salisbury, NC |
| 17. Eastern Kansas HCS, Leavenworth &
Topeka, KS | 37. VA Medical Facility, Salt Lake City, UT |
| 18. VA Medical Facility, Hampton, VA | 38. VA South Texas HCS, San Antonio, TX |
| 19. VA Medical Facility, Hines, IL | 39. VA Medical Facility, San Juan, PR |
| 20. VA Medical Facility, Houston, TX | 40. VA Puget Sound HCS, Seattle, WA |

41. VA Greater Los Angeles HCS,
Sepulveda, CA
42. VA Medical Facility, Sheridan, WY
43. VA Medical Facility, St. Louis, MO
44. VA Medical Facility, Tampa, FL
45. VA Medical Facility, Tucson, AZ
46. VA Medical Facility, Washington, DC
47. VA Medical Facility,
West Palm Beach, FL