

Driving and Community Mobility

The purpose of this paper is to describe the role of occupational therapy in the area of driving and community mobility. The intended audience for this paper includes occupational therapists, occupational therapy assistants, and stakeholders outside of the occupational therapy profession.

Community mobility, an instrumental activity of daily living (IADL), is defined as “moving around in the community and using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, or other transportation systems” (American Occupational Therapy Association [AOTA], 2008, p. 631). Community mobility or transportation is essential for independence and access to engagement in other everyday life activities (occupations). Community mobility, specifically driving, contributes to health and quality of life (U.S. Department of Transportation, 2003) by supporting independence, a sense of identity, social participation, and access to health services and the community (Oxley & Whelan, 2008). Loss of the fundamental privilege of driving and community mobility in adult life is exemplified by the feelings of loneliness, isolation, and depressive symptoms that often arise when one suddenly loses the ability to drive (Marottoli et al., 1997).

Driving and community mobility are included within the domain of occupational therapy (AOTA, 2008) and in the profession’s *Scope of Practice* (AOTA, 2010). Appendix A illustrates some of the aspects of driving and community mobility within the domain of occupational therapy practice and describes the complexity and influence of this critical IADL.

Service Provision Across the Lifespan and Modes of Transportation

Occupational therapists and occupational therapy assistants address driving and other aspects of community mobility in a variety of practice settings with individual clients of all ages, organizations, and populations. When addressing community mobility and driving, occupational therapy practitioners¹ assess the client’s sensory, cognitive, and motor performance skills; performance patterns; safety concerns; the contextual and environment supports or barriers; and the influence of community mobility and driving on the client’s ability to participate in daily life. Occupational therapy practitioners also address mental health issues that may arise when community mobility is compromised. This comprehensive set of skills deems occupational therapy a critical and essential health care discipline to meet the complex demands of driving and community mobility concerns.

These occupational therapy practitioners share the common goals of supporting participation in the community; optimizing independence in community mobility; and reducing crashes, injuries, and fatalities. The extent of that therapeutic attention is provided along a continuum of

¹When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006). *Occupational therapists* are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process. *Occupational therapy assistants* deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2009b).

specialization, with some specialty practitioners offering a very focused approach in which driving or community mobility is the primary goal, while other generalist practitioners address driving and community mobility as part of a larger agenda to optimize occupational engagement in their clients. Clients may be persons, organizations, or populations. Appendix B outlines the clients served, their respective community mobility concerns, and the examples of possible occupational therapy services.

Knowledge and Skill of Occupational Therapy Practitioners in Driving and Community Mobility

Occupational therapists and occupational therapy assistants possess the foundational education and training necessary to address driving and community mobility as an IADL as identified in the *Occupational Therapy Practice Framework: Domain and Process, 2nd Edition* (AOTA, 2008). Throughout the evaluation and intervention process, occupational therapy practitioners recognize the influence of disability and aging on client factors and can translate those influences into implications of risk in driving and community mobility. Through the use of clinical reasoning skills, occupational therapy practitioners use information about the client's performance skills, performance patterns, contextual and environmental factors, and client factors to deduce strengths and potential weaknesses with occupational performance in driving and community mobility.

Some occupational therapy practitioners specialize in *driving rehabilitation* by entirely focusing their practice on the occupation of driving. Occupational therapy specialists in driving rehabilitation have advanced education and expertise that enable them to present varying challenges and complexities during the in vivo observation and assessment of performance evaluation process to replicate actual driving experiences for a valid judgment of performance and safety. Those who are occupational therapists administer comprehensive driving evaluations; recommend continued, modified, or cessation of driving; and suggest appropriate vehicle modifications, adaptive equipment for driving, and driver retraining or specialized driver education. Those who are occupational therapy assistants contribute to this process. Many states require that occupational therapy practitioners who specialize in driving also become licensed as certified driver instructors to be able to perform on-road assessments and provide training to novice drivers or persons whose driver's license has expired.

AOTA asserts that occupational therapists and occupational therapy assistants require advanced education prior to working directly in specialized driving rehabilitation services. In addition, occupational therapy practitioners also can benefit from specialized certification in driving and community mobility. The available certification programs are further explained in Appendix C. These specialist occupational therapy practitioners administer evidence-based assessments specific to the requirements involved in driving, including clinical assessments of motor and praxis skills, sensory-perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills, in addition to reaction time, knowledge of traffic rules, and on-road assessment of driving skills. The primary purpose of conducting or contributing to these comprehensive driving evaluations is to determine the client's occupational performance and safety to engage in driving. Specialist occupational therapy practitioners also provide intervention services to individuals for whom safe driving is a possibility or will require

intervention to transition from driver to passenger. Interventions for the client with potential to drive may include remediation of performance skills, education in adaptive strategies, and training in the use of adaptive equipment to optimize performance and safety while operating or traveling in a motor vehicle.

Occupational therapists addressing community mobility assess clients as well as their communities to determine the client's ability to access transportation choices and utilize available resources and equipment. Individual assessments may include clinical testing similar to those in the area of driving evaluation. In vivo assessments are conducted using the mode of transportation desired or required by the client and may include buses, taxis, trains, airplanes, bicycles, or pedestrian means of travel. The focus of the evaluation for individual clients is to determine the client's ability to access and utilize transportation resources to enable engagement in community occupations. Intervention implemented with individuals using community mobility may include travel training, recommendation and training in the use of adaptive equipment, route planning, and advocacy.

Clients also may be organizations that provide transportation services. In these situations, an assessment of the community context may involve analysis of the various modes of transportation; professional skills of transit agency employees; effectiveness of para-transit eligibility tools and protocols; accessibility of sidewalks, intersection, bus stops, and transit vehicles; safety checks on equipment; community resources available; location of supplemental agencies; and policy review. Interventions implemented with transportation organizations may include employee training programs, development or revision of para-transit eligibility protocols, development of a travel training program, recommendations for adaptive equipment or vehicle modifications, and accessibility modifications to ingress/egress locations such as bus stops and train stations.

The roles of the occupational therapist and the occupational therapy assistant in providing community mobility services are different from each other per the AOTA supervision guidelines (AOTA, 2009b). Consistent with these guidelines, the occupational therapist carries the overall responsibility for the evaluation and intervention process. The occupational therapist oversees the evaluation process and may delegate specific assessments to the occupational therapy assistant if the occupational therapy assistant has demonstrated competency in administration of the individual assessment. Examples include clinic-based tests of vision, cognition, and motor performance or the on-road assessment. The occupational therapist is responsible for interpreting the results of any assessments and incorporating the results into the analysis of the entire evaluation. The occupational therapist also may delegate the responsibility of implementing the intervention to the occupational therapy assistant in accordance with the occupational therapist's plan and the client's intervention goals (AOTA, 2009b). The *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* (AOTA, 2009b) recommends that the occupational therapist and the occupational therapy assistant develop a collaborative plan for supervision to guide the evaluation and the intervention process. The supervision must follow state and federal regulations, as well as the policies of the workplace and the *Occupational Therapy Code of Ethics* (AOTA, 2005).

Both federal and state laws, as well as the activities of key professional organizations, influence delivery of and payment for occupational therapy services related to driving and community mobility. Reimbursement for driving and community mobility services is highly variable in the United States. There are mechanisms for reimbursement for these professional services as well as vehicle modifications including the Veterans Administration system, Medicaid in some states, state vocational rehabilitation departments, worker's compensation carriers, legal settlements, and self-pay. Community mobility services are paid for by several different funding sources, including paratransit budgets, transit agencies, state departments of vocational rehabilitation, office on aging, school systems, and grant funding through a variety of sources such as the United We Ride and Safe Routes to School (see Appendix C for a summary of external influences on service delivery).

Summary

Driving and community mobility is a growing area of importance due to the implications of safe transportation and mobility across the life span. The association between transportation and occupational engagement is increasingly relevant to clients, the community, and other organizational entities (see Appendix C). The skills, knowledge base, and scope of practice of occupational therapy enhanced by advanced education in driving and community mobility place the profession of occupational therapy in the forefront of driving and community mobility services. The focus on injury prevention, engagement in occupation, and the intervention strategies used in driving rehabilitation and community mobility services are consistent with *The Philosophical Base of Occupational Therapy* (AOTA, 1995) and, therefore, warrant attention in all areas of occupational therapy practice. Occupational therapy practitioners provide a critical and essential combination of skills and abilities to support people's driving and community mobility and thus to expand or maintain their engagement in community activities and their quality of life.

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Appendix A. Domain of Occupational Therapy Specific to Driving and Community Mobility

Aspects of the Domain (American Occupational Therapy Association [AOTA], 2008)	Examples
<p>Areas of Occupation</p> <ul style="list-style-type: none"> -Instrumental Activity of Daily Living (IADL) - Community Mobility 	<p>“Moving around in the community and using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, or other transportation systems” (AOTA, 2008, p. 631). In addition to being an IADL, community mobility is an occupation enabler, as it allows for engagement in several other areas of occupation including education, work, leisure, social participation, and other IADLs (Stav & Lieberman, 2008).</p>
<p>Performance Skills (Sensory–Perceptual Skills, Motor and Praxis Skills, Emotional Regulation Skills, Cognitive Skills, Communication and Social Skills)</p>	<p>Driving and community mobility require one to possess and execute adequate performance skills.</p> <ul style="list-style-type: none"> • Engagement in driving and community mobility requires one to have intact sensation and ability to perceive sensory input accurately. • Individuals must use motor and praxis skills to physically move in a planned, coordinated, sequenced manner to operate a motor vehicle, travel using transit services, or exert bodily control while walking or bicycling. • Emotional regulation is used while engaging in driving and community mobility to perform appropriately on shared roadways and pathways with other users. • Driving and community mobility require cognitive skills to exercise sufficient attention, judgment, organization, memory, and multitasking while moving through the dynamic, unpredictable environment of the community. • Communication and social skills are used as individuals exchange information, relate, and physically communicate to move through a community in which other individuals are also mobile.
<p>Performance Patterns</p>	<p>Driving and community mobility involve</p>

<p>Aspects of the Domain (American Occupational Therapy Association [AOTA], 2008)</p>	<p>Examples</p>
<p>(Habits, Routines, and Roles)</p>	<p>performance patterns using habits to operate equipment and routines to travel on an established route. Individuals fulfill the duties and responsibilities of life roles by engaging in community mobility.</p>
<p>Contexts (Cultural, Personal, Temporal, Virtual, Physical, and Social)</p>	<p>The context in which driving and community mobility take place is critical in understanding who, what, where, when, how, and why individuals move through the community.</p> <ul style="list-style-type: none"> • The cultural context may dictate which driver in family with 5 licensed individuals operates an automobile during an outing. • An individual’s personal context indicates whether travel will be performed as a passenger or operator on the basis of age or socioeconomic status. • Temporal context affects community mobility on the basis of the stage of life, time of day, season of year, and duration of driving. • Recent technologies permit virtual engagement in community mobility through the use of computers and simulators. • The physical context relates to travel in urban or rural settings; on different types of roadways; over a street, sidewalk, or path; or using underground, waterway, air, or land travel. • The social context may influence independent vs. group travel.
<p>Activity Demands</p>	<p>Driving and community mobility have many activity demands consisting of the objects and properties of tools and vehicles used, space and social demands, sequence and timing, required actions and performance skills, required body functions, and required body structures.</p>

<p>Aspects of the Domain (American Occupational Therapy Association [AOTA], 2008)</p>	<p>Examples</p>
<p>Client Factors</p>	<p>Individuals use their body functions—neuromusculoskeletal and movement-related functions; cardiovascular; voice and speech functions; and metabolic and endocrine system function—as well as related body structures, to effectively and safely move about in the community.</p>

Appendix B. Case Examples of Driving and Community Mobility Services

Service Recipients	Community Mobility Concerns	Occupational Therapy Services
Persons		
Traveling in a car with a 3-year-old with cerebral palsy	<ul style="list-style-type: none"> • Secure safe seating for the child safely • Adherence to state child passenger safety laws 	<ul style="list-style-type: none"> • Assistance in selection of appropriate child safety seat for the child’s size/weight/age • Parent education for seat installation • Parent education for managing extensor tone and fastening the child • Development of a child safety seat loan closet for short term client needs (Bull et al., 1990; Stout, Bull, & Stroup, 1989a, 1989b)
Fastening a child into a safety seat by a parent with rheumatoid arthritis	<ul style="list-style-type: none"> • Secure, safe seating for the child • Adherence to state child passenger safety laws • Joint protection for the parent • Energy conservation for the parent 	<ul style="list-style-type: none"> • Assistance in the identification of the appropriate seat for child’s size/weight/age • Assistance in the identification of child safety seats for ease of use • Parent education for seat installation • Identification of child safety seat installation stations • Client education in joint protection and energy conservation seat installation and child fastening • Training in the use of adaptive equipment to aide in fastening (Barlow, Cullen, Foster, Harrison, & Wade, 1999)
Bicycling with an 8-year-old with muscular dystrophy	<ul style="list-style-type: none"> • Strength and coordination to operate a bicycle • Balance to remain upright on the bicycle • Awareness of risks and rules of the road 	<ul style="list-style-type: none"> • Evaluation to determine potential for independent bicycling • Therapeutic exercise for <ul style="list-style-type: none"> ○ Strength ○ Coordination ○ Balance • Client education on environmental awareness and rules of the road (Bicycle Safety Resource Center, 2009)

Service Recipients	Community Mobility Concerns	Occupational Therapy Services
Learning to drive for a 16-year-old with Asperger’s syndrome	<ul style="list-style-type: none"> ● Interpersonal relations with other road users using non-verbal communication ● Coordination to operate a motor vehicle ● Awareness of the driving environment and risks ● Awareness of rules of the road 	<ul style="list-style-type: none"> ● Referral to an occupational therapist specialist in driving for an individualized structured driver education ● Evaluation to determine potential for driving ● Client education for environmental awareness consistent with client’s cognitive capacities and learning needs ● Assistance with applying for a driver license <p>(Falkmer, n.d.)</p>
Traveling in a community as a 19-year-old pedestrian with a spinal cord injury	<ul style="list-style-type: none"> ● Negotiation of intersections ● Navigation across uneven terrain 	<ul style="list-style-type: none"> ● Client education of curb cuts, safety awareness ● Route planning for accessible paths ● Training in advocacy strategies for promotion of accessible communities <p>(Best, Kirby, Smith, & MacLeod, 2005)</p>
Return to driving for a 45-year-old following a traumatic brain injury	<ul style="list-style-type: none"> ● Operation of the vehicle controls with impaired motor skills and abnormal muscle tone ● Full and accurate visual access to the driving environment ● Safe maneuvering in the driving environment using <ul style="list-style-type: none"> ○ Attention ○ Memory ○ Judgment ○ Planning ○ Organization ○ Impulse control ● Transfer in and out of the vehicle ● Storage of mobility aids 	<ul style="list-style-type: none"> ● Determination of readiness for driving rehabilitation services ● Evaluation to identify client-centered transportation option and potential to return to driving* ● Client and family education related to delayed return to driving ● Assessment to determine capability of learning how to use adaptive equipment and traffic safety rules* ● Therapeutic exercises and activities to maximize <ul style="list-style-type: none"> ○ Sensory–perceptual skills ○ Motor and praxis skills ○ Emotional regulation skills ○ Cognitive skills ○ Communication and social skills ● Behind-the-wheel training* ● Recommendation and training in the use of adaptive equipment* ● Assistance in the selection of an

Service Recipients	Community Mobility Concerns	Occupational Therapy Services
		<p>automobile capable of accommodating adaptive equipment*</p> <ul style="list-style-type: none"> • Assistance with applying for a modified driver license • Guidance for applying to vehicle manufacturer for an adaptive equipment rebate <p>(Classen et al., 2009; Lillie, 2006)</p>
<p>Return to driving for a 20-year-old wounded veteran with a traumatic right lower-extremity amputation and posttraumatic stress disorder (PTSD) related to combat driving</p>	<ul style="list-style-type: none"> • Operation of the vehicle foot pedals with a prosthetic limb or left-foot gas pedal • Continuation of dangerous combat driving post deployment <ul style="list-style-type: none"> ○ Maneuvering around traffic ○ Avoidance of roadside debris ○ Proceeding through traffic lights and stop signs • Panic attacks when driving under bridges • Safety related to return to driving 	<ul style="list-style-type: none"> • Evaluation to determine potential for safe return to driving* • Assessment to determine capability to learn how to use adaptive equipment* • Referral for psychological counseling to address PTSD concerns • Behind-the-wheel training* • Recommendation and training in the use of adaptive equipment* • Assistance in the selection of an automobile capable of accommodating adaptive equipment* • Assistance with applying for a modified driver license • Guidance in applying to veteran’s benefits for a vehicle stipend and vehicle manufacturer for an adaptive equipment rebate <p>(Boulias, Meikle, Pauley, & Devlin, 2006; Stern, 2007)</p>
<p>Driving for a 64-year-old woman with dementia</p>	<ul style="list-style-type: none"> • Safe operation an automobile in a variety of driving environments, particularly unfamiliar roads or routes due to impaired <ul style="list-style-type: none"> ○ Memory ○ Judgment ○ Cognitive processing speed 	<ul style="list-style-type: none"> • Comprehensive driving evaluation to determine potential for continued driving* • Identification of plan for driving restrictions and/or re-evaluation • Analysis of a person’s historical and current daily occupational patterns as part of an occupational profile to identify community mobility needs. Assistance in the transition to driving cessation, including

Service Recipients	Community Mobility Concerns	Occupational Therapy Services
	<ul style="list-style-type: none"> ○ Recognition of errors ● Potential for wandering and getting lost 	<ul style="list-style-type: none"> ○ Identification of transportation alternatives and service delivery resources in the client’s area ○ Training in supervised travel on existing transit systems, assistance with the application for paratransit and family education ○ Referral to counseling or support services to address feelings of loss related to driving cessation ○ Provision of support for family members ○ Provision of cessation strategies to counter persistent determination to drive <p>(Perkinson et al., 2005)</p>
<p>Traveling by transit systems for an adult with schizophrenia</p>	<ul style="list-style-type: none"> ● Safe and timely negotiation of routes and transfers ● Management of fare or bus pass ● Potential for victimization 	<ul style="list-style-type: none"> ● Travel training in the use of the local transit system ● Therapeutic activities for <ul style="list-style-type: none"> ○ Money management ○ Time management ○ Trip planning ○ Community reintegration ● Assistance in the application for prepaid bus passes ● Training in strategies to protect one’s person and possessions <p>(Brown, 2009)</p>
Organizations		
<p>Transit company seeking to increase ridership among disabled passengers and reduce costly paratransit services</p>	<ul style="list-style-type: none"> ● Availability and accessibility of <ul style="list-style-type: none"> ○ Vehicles ○ Bus stops ○ Shelters ● Leniency of paratransit eligibility ● Disability awareness ● Ability of drivers to 	<ul style="list-style-type: none"> ● Accessibility evaluations and recommendations for vehicles, bus stops, and shelters to elevate to Americans with Disabilities Act compliance ● Modification of paratransit eligibility evaluation ● Equipment training for drivers ● Sensitivity training of drivers and schedulers

Service Recipients	Community Mobility Concerns	Occupational Therapy Services
	operate lift, wheelchair tie-downs, and manage behavioral issues • Ability of schedulers to meet the needs of riders with cognitive impairments	(Koffman & Salstrom, 2001)
School system looking to increase the safety of transport of students with special needs	• Availability, appropriateness, and currency of child safety seats • Proper fastening techniques for children with special needs • Management of students with behavioral issues while operating the vehicle	• Assessment of child safety seats in use and system-wide needs • Training drivers and bus aides in child passenger safety • Training bus aides in behavior management strategies to alleviate duty from driver (American Academy of Pediatrics, 1994)
Populations		
Populations that need to safely engage in mobility within the community	• Roadway design to support older drivers • Bike lanes, pedestrian paths, and sidewalks to support multiple modes of transportation • Signage visible to road users of varying literacy and visual levels • Access to common areas	• Collaboration with municipal planning organizations to promote <ul style="list-style-type: none"> ○ Multi-user roadway design ○ Inclusion of bicycle and pedestrian paths ○ Centralized common areas of equidistant travel from all residences ○ Separation of locations with high-risk drivers (e.g., high school and senior center should not be across the street from each other) ○ Legible signage with large fonts and symbols (Federal Highway Administration, 2001) • Participation in multidisciplinary programming, such as Safe Routes to School (Federal Highway Administration, 2010)
Population of	• Increased frailty/fragility	• Provide education to stakeholder groups

Service Recipients	Community Mobility Concerns	Occupational Therapy Services
<p>older drivers at risk for injuries and fatalities during crashes</p>	<p>of the aging body, which is less able to sustain energy forces of a crash</p> <ul style="list-style-type: none"> • Knowledge about operation and use of safety features that emerged in the past several decades • Poor driver–vehicle fit among older drivers 	<p>(National Highway Traffic Safety Administration & American Society on Aging, 2007)</p> <ul style="list-style-type: none"> • Participation in CarFit events to <ul style="list-style-type: none"> ○ Measure driver–vehicle fit ○ Identify areas of concern ○ Make suggestions related to adjustment of vehicle safety features (e.g., air bag, seat belt, head restraint) and positioning of driver’s body in the vehicle ○ Educate about commonly used assistive devices (American Automobile Association, AARP, & American Occupational Therapy Association, 2008)
<p>Population of medically at risk drivers placing all road users at risk with undefined medical reporting guidelines</p>	<ul style="list-style-type: none"> • Drivers with medical impairments at increased risk for crashes • Subsequent increased risk of injury and fatality for all road users • Narrow or non-existent medical reporting guidelines • Confidentiality of reporting • Legal immunity for reporting parties • Evidence-based guidelines supporting licensing decisions 	<ul style="list-style-type: none"> • Conduct an evidence-based literature review of diagnostic groups and report to state licensing agency (American Association of Motor Vehicle Administrators & National Highway Traffic Safety Administration, 2009) • Advocate for the development of new and more comprehensive medical reporting laws inclusive of <ul style="list-style-type: none"> ○ Recognition of occupational therapy as a discipline capable of reporting ○ Confidentiality of reporting ○ Legal immunity for reporters • Serve as a member of state Medical Review Board or state constituency group

*Services performed by an occupational therapy practitioner who specializes in driving rehabilitation.

Appendix C. External Influence on Occupational Therapy Practice Related to Driving and Community Mobility

Governmental Influences
<p>Federal Government: National Highway Traffic Safety Administration (NHTSA) NHTSA’s mission is to “save lives, prevent injuries, and reduce economic costs due to road traffic crashes, through education, research, safety standards, and enforcement activity” (2009b, para. 1). NHTSA focuses attention and programs on occupant protection specific to safety belt use, air bags, child passenger safety, graduated licensing, new drivers, vehicle modifications, and impaired driving due to alcohol or illegal drug use. The recent activity on older driver safety has generated educational materials such as the <i>Drive Well Toolkit: Promoting Older Driver Safety and Mobility in Your Community</i> (NHTSA & American Society on Aging, 2007) and <i>Driving Transitions Education: Tools, Scripts, and Practice Exercises</i> (NHTSA, 2009a). Concerns related to driving with specific medical conditions prompted the development of 11 educational brochures about driving with specific diagnoses, including Alzheimer’s disease, Parkinson’s disease, diabetes, stroke, arthritis, and glaucoma. Similar resources and educational materials have been developed on child passenger safety, bicycle and pedestrian safety, occupant protection, and school buses that guide occupational therapy practice by outlining safety standards, laws, and best practices.</p> <p>State Government: State Licensure Laws Laws related to driving and community mobility vary by state and jurisdiction with regard to vision standards, medical reporting, legal immunity, licensure laws, licensing restrictions, and credentials required for practitioners. Therefore, occupational therapists and occupational therapy assistants must become knowledgeable of the statutes and guidelines specific to the state or jurisdiction of practice.</p>
Professional Organizations
<p>American Association of Motor Vehicle Administrators (AAMVA) In response to concerns from motor vehicle agencies nationwide about making driver licensing decisions for individuals with medical conditions, AAMVA coordinated an evidence-based literature review and subsequent development of the <i>Driver Fitness Medical Guidelines</i> (AAMVA & NHTSA, 2009) to aid state agencies in making licensing decisions.</p> <p>American Medical Association (AMA)</p> <ul style="list-style-type: none"> • The AMA believes that older driver safety is a public health issue and that physicians play an important role in ensuring the safety of older drivers (Wang, Kosinski, Schwartzberg, & Shanklin, 2003). The AMA has dedicated efforts to a safe driver initiative resulting in a physician training program and several publications. • The AMA collaborated with aging, driving rehabilitation, and transportation experts nationwide to write guidelines for physician practice related to older drivers (Wang et al., 2003). The book advises several alternatives that physicians might pursue, such as referring older drivers to driver rehabilitation specialists. • On December 7, 1999, the AMA’s Council on Ethical and Judicial Affairs adopted a report outlining physicians’ ethical obligation to address driving issues with their clients (AMA, 1999). The report included 7 recommendations for physicians to recognize impairments and act on that knowledge when a patient’s driving posed a strong threat to public safety.

Association for Driver Rehabilitation Specialists (ADED)

ADED (2004) is a multidisciplinary group comprised of occupational therapy practitioners, driver educators, vehicle modification manufacturers and dealers, rehabilitation engineers, physical therapists, kinesiotherapists, and rehabilitation specialists. ADED provides certification for driver rehabilitation specialists (CDRS) by means of a portfolio review and standardized exam. ADED (2009) recently passed a revised *Best Practice Guidelines for Delivery of Driver Rehabilitation Services*.

American Occupational Therapy Association (AOTA)

AOTA “advances the quality, availability, use, and support of occupational therapy through standard-setting, advocacy, education, and research on behalf of its members and the public” (AOTA, 2009a, para. 5). Specific to driving and community mobility, AOTA has created an Older Driver Initiative to coordinate multiple projects related to awareness and professional training, which has grown beyond older drivers to community mobility across the lifespan. Projects include

- Collaborative activities and awareness building activities within the profession, to the growing community of providers, and stakeholder agencies and associations (e.g., American Automobile Association, American Society on Aging, AARP, ADED, National Mobility Equipment Dealers Association, Transportation Research Board) concerned with safe mobility across the lifespan.
- Interagency strategic planning initiatives in support of transportation and community mobility with organizations such as Easter Seals/National Center on Senior Transportation and the U.S. Department of Defense.
- Completion and dissemination of an evidence-based literature review specific to driving and community mobility; publication of practice guidelines on driving and community mobility (Stav, Hunt, & Arbesman, 2006).
- Older Driver Microsite (www.aota.org/olderdriver) offering resources and links for professionals and consumers, including a resource toolkit for the development of driving and community mobility programs. Annual Older Driver Week launched in 2009, during the first week in December.
- Specialty Certification in Driving and Community Mobility by means of a reflective portfolio demonstrating competencies in the practice area organized around AOTA’s Standards of Continuing Competence
- Fact sheets on older drivers, community mobility across the lifespan, collaborating with judges
- Online and CD-based continuing education materials about older drivers, driving rehabilitation for new drivers with cognitive and social limitations, and community mobility for adolescents.