Community mobility is an important part of well-being; it is often central to a person’s autonomy and independence. Limited access to the community because driving is no longer a safe option can lead to depression, isolation, decreased participation in meaningful activities, decreased ability to care for one’s self, and diminished wellness (Dickerson et al., 2007). Occupational therapy practitioners work closely with physicians, licensing authorities, and other community stakeholders to help older adults drive safely for as long as possible, and to provide a continuum of services if the adult needs to transition to driving cessation (Carr, Schwartzberg, Manning, & Sempek, 2010).

Occupational therapy practitioners are experts in addressing essential and everyday instrumental activities of daily living (IADLs) such as the demands of work, home management and leisure tasks, and community mobility. Occupational therapists evaluate the person’s performance skills and barriers to performance and compare these to the demands of driving (e.g., range of motion for reaching and steering, flexibility for turning one’s head to park, scanning the environment for pedestrians, making quick actions and decisions in response to the unexpected), then determine appropriate adaptations and education to allow the person to drive safely. Therapists also assess the critical subskills of performance—cognitive, visual, perceptual, psychosocial, and motor—to tailor intervention plans to meet the individual’s specific goals. Occupational therapy practitioners have the education and training to understand the impact of medical conditions and the aging process on driving performance and the person’s ability to use alternative community mobility options, so they can anticipate and prepare for potential future changes.

By focusing on the person’s strengths as well as any physical or cognitive challenges, occupational therapists can evaluate an individual’s overall ability to operate a motor vehicle safely and recommend assistive devices or behavioral changes to limit risks. They help older drivers to develop a plan that allows them to continue participating in valued activities, whether as a driver or by using alternate transportation options. Occupational therapists can offer services along a continuum to best meet driving and mobility needs, which may vary with changes in the individual’s abilities and/or medical status.

Research demonstrates that an occupational therapy assessment of IADLs can identify those older adults who may be at risk of injury to themselves or others or who have reduced access to transportation as driver or passenger by understanding each individual’s difficulties with vision, perception, cognition, and/or motor performance and its impact on safety (Dickerson, Reistetter, Schold Davis, & Monohan, 2010). Recognizing the multidisciplinary nature of this practice area, driving and community mobility programs incorporate pathways of referral to additional services, which can include more specialized clinical and equipment assessment and on-road testing, sometimes through joint arrangements with driving programs. All occupational therapists are able to identify physical, sensory, cognitive, and perceptual impairments that may have a negative impact on driving and community mobility. Occupational therapists with specialized training in driver rehabilitation may administer comprehensive driving evaluations, which include both a clinical and an on-the-road component. The driving evaluation allows the therapist to make detailed recommendations about strategies, equipment, and training to improve driving safety and overall community mobility.
Interventions to allow the person to drive safely may include a number of skill-building, behavioral, and adaptive approaches, including:

- Training in things like how to use prescribed hand controls when neuropathies affect the lower extremities
- Recommending adaptive equipment, such as wider mirrors to compensate for age-related changes (e.g., decreased neck mobility) and allow continued driving
- Planning trips to drive only during daylight hours, on well-known routes, during off-peak hours, etc.
- Counseling to establish a graduated driving transition plan

Interventions to maintain community mobility if driving is no longer an option may include the following:

- Identifying alternative transportation options to continue community participation
- Addressing the requirements of transportation options with the individual (e.g., Can the person walk to the bus stop? Step high enough to board the bus? Understand the route schedule? Wait unaccompanied?)
- Providing resources, such as paratransit options and requirements; or names of grocery stores, places of worship, etc. that offer transportation services

**Conclusion**

Occupational therapy practitioners focus on helping people participate in the activities (occupations) they want and need to do. Some of these activities take place outside of the home (e.g., getting groceries, seeing physicians, socializing, volunteering, working), so practitioners address the physical, cognitive, environmental, or other barriers that may make safe driving or community mobility a challenge. Addressing community involvement through transportation helps older adults maintain independence, which reduces the amount of additional care and services they require.

**References**


**For more information:** The American Occupational Therapy Association (AOTA) offers a Web site dedicated to providing the public and health professionals with useful, timely information about older-driver safety and related resources. To learn more, visit AOTA's Driver Safety Web page at [www.aota.org/older-driver](http://www.aota.org/older-driver).