Community mobility is defined as “planning and 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, 2014, p. S19). Community mobility is grounded in independence, spontaneity, and identity. It begins when we are passengers in a car seat and on the school bus, and continues as we learn to ride a bike and drive a car. Although the mode of transportation may change, the meaning remains constant: transport from one location to another enables participation in the things we want and need to do (occupations).

Because occupational therapy practitioners focus on enabling participation, they are natural professionals to address driving and community mobility across the lifespan.

Occupational therapy evaluations for the instrumental activity of daily living of community mobility may focus on screening for passenger safety, school system capacity to transport general and special education students, readiness and ability to ride a bicycle, ability to cross the street and negotiate curbs and sidewalks, visual motor skills for reading signs, driving readiness among adolescents, fitness to drive and safety, ability to use transportation other than a private vehicle, and driver–vehicle fit.

Interventions may include creating individualized plans for transportation, restoring range of motion or strength, providing cognitive training or retraining, modifying vehicles with adaptive equipment, developing walking programs to improve health and function, integrating networks of community resources, and training clients in public transportation alternatives.

Infants and Children
Infants, toddlers, and children rely on caregivers to transport and secure them safely. Occupational therapy interventions address emerging mobility needs of children. Considerations for this population include appropriate fit and use of car seats and booster seats (sometimes modified), special securing needs for children with disabilities, assistance for parents with disabilities, bicycling education that integrates strategies for paying attention such as scanning the environment and crossing roadways, and safety tips for transport by school bus.

Adolescents and Young Adults
Along with their peers, students with an autism spectrum disorder, nonverbal learning disability, cognitive impairments, spina bifida, cerebral palsy, and other disabilities need to address independent mobility while still in high school. Transportation affects a student's access to employment; housing; and social, educational, and recreational opportunities. Occupational therapy can support skills such as coordination, environmental scanning, and quick use of the extremities, which are foundational for safely crossing streets and potentially driving. Interventions include skills for managing social interactions, time, and money; handling an emergency; and self-care when alone. Managing impulse control, reducing stress, and regulating sensory input are essential for all adolescents, regardless of disability. Additional community mobility skills that promote independence addressed by occupational therapy with this population include reading maps or using a GPS, obtaining a first driver’s license, and using public transportation.
Older Adults
As they age, seniors are increasingly living with medical conditions and medications that can affect driving safety. To address the goal of “driving safer longer,” occupational therapy practitioners offer evaluation, education, strategies, and identification of appropriate mobility options where needed. Practitioners can also offer strategies and resources for clients and caregivers through planning and transitioning from driver to non-driver, transporting adults with special needs (e.g., dementia-friendly transportation), as well as caregiver training and specialized intervention for ensuring successful driver cessation when necessary, while addressing the person’s need for continued mobility. Other occupational therapy considerations for this population include education and training in using public transit, driver–vehicle fit issues, functional decline that necessitates vehicle adaptations or modified transit options, and maintaining social connections if driving is no longer an option.

Occupational Therapy’s Distinct Value
The skills needed for driving and community mobility (e.g., cognition, strength, stamina, flexibility, etc.) underlie all functional activities, and as such they are evaluated as part of an occupational therapy session. Occupational therapy practitioners are essential members of CarFit (www.Car-Fit.org) during which they offer education on the adjustment of vehicle safety features to attain the safest fit; if unable to do so, they raise awareness of options and solutions. Occupational therapy practitioners who are driving rehabilitation specialists provide comprehensive driving evaluations, adaptation, education, and training addressing the goals of learning, resuming, or seeking assurance about the ability to drive safely. For those who need to retire from driving, now or in the future, occupational therapy practitioners identify alternatives that offer the necessary support, prioritizing continued participation in the community.

Conclusion
For most Americans, driving and community mobility are essential for the choice to “age in place,” employment, independence, and social and leisure activities. Occupational therapy practitioners are skilled at evaluating a person’s ability and potential to drive, providing education and adaptations to support driving, and providing comprehensive resources and training when driving is no longer safe and other forms of community mobility need to be explored. Mobility and engagement in the community are the ultimate goal, whether as driver, passenger, walker, or transit user. For more information, go to the Driver Safety section of AOTA’s Web site at www.aota.org/older-driver.

Reference