

**DRIVER REHABILITATION FOR VETERANS WITH DISABILITIES PROGRAM  
PROCEDURES**

- 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 center's administrative and supporting staff regarding the purpose, scope, procedures, and technicalities of the Department of Veterans Affairs' (VA's) comprehensive Driver Rehabilitation Program for veterans with disabilities.
- 3. RELATED ISSUES.** VHA Directive 1173.
- 4. RESPONSIBLE OFFICE.** The Office of Patient Care Services (117) is responsible for the contents of this Handbook. Questions may be referred to 202-273-8482.
- 5. RECISSIONS.** VHA Program Guide 1173.2, dated January 27, 1997, is rescinded.
- 6. RE-CERTIFICATION.** This VHA Handbook is scheduled for re-certification on or before the last working day of April 2009.

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## **DRIVER REHABILITATION FOR VETERANS WITH DISABILITIES PROGRAM PROCEDURES**

### **1. PURPOSE**

Veterans with disabilities and members of the Armed Forces 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 needs to be able to 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. 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.

### **3. AUTHORITY**

a. Public Law (Pub. 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 1903(e) authorizes driver training activity in VA. It directs that:

(1) The Secretary of Veterans Affairs must provide, directly or by contract, for the conduct of special driver training courses at every medical facility and, where appropriate, at VA regional offices and other VA medical facilities, to instruct such an eligible person to operate the type of automobile, or other conveyance that such a person wishes to obtain with assistance under 38 U.S.C. 1903e, and may make such courses available to any veteran eligible for care under 38 U.S.C. 1903e, or member of the Armed Forces, who is determined by the Secretary of Veterans Affairs to need the special training provided in such courses, even though such a veteran or member is not eligible for the assistance provided under 38 U.S.C. 1903e.

(2) The Secretary of Veterans Affairs is authorized to obtain insurance on automobiles and other conveyances (not owned by the Government) used in conducting the special driver training courses provided under 38 U.S.C. 1903e, 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 outpatient basis.

*NOTE: House of Representatives (HR) 2116, Veterans Millennium Health Care and Benefits Act, Section. 804 amended 38 U.S.C. 1903e, by striking “not owned by the Government,” thereby allowing VA to purchase commercial liability insurance on all VA driver rehabilitation vehicles to protect the interest of all candidates participating in the VA Driver Rehabilitation Program.*

(3) Notwithstanding any other provision of law, the Secretary of Veterans Affairs may obtain, by purchase, lease, gift, or otherwise any automobile, motor vehicle, or other conveyance deemed necessary to carry out the purposes of 38 U.S.C. 1903e, and may sell, assign, transfer, or convey any such automobile, vehicle, or conveyance to which VA obtains title for such price and upon such terms as the Secretary of Veterans Affairs deems appropriate; and any proceeds received from any such disposition must be credited to the applicable VA appropriation.

#### **4. OBJECTIVES**

a. The objectives of this Handbook are to:

(1) Acquaint VA medical centers 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 center’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 40 driver training centers 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.).

#### **5. SCOPE**

a. Driver rehabilitation provides veterans with disabilities (inpatients or outpatients in accordance with Pub. 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, who require special considerations to safely ride as a passenger, including ingress and egress of the individual's private vehicle.

## **6. ORGANIZATION, DIRECTION, AND FACILITIES**

### **a. Organizational Placement**

(1) **Field.** 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.

(2) **VHA Central Office.** The Driver Rehabilitation Program is under the administrative direction, supervision, and coordination of the Director, PM&RS (117), or designee. Representatives from the following VHA Central Office services, and other elements, may be called upon to review policies, administrative procedures, and other relative guidelines:

- (a) Prosthetics and Sensory Aids (P&SA).
- (b) Mental Health.
- (c) Spinal Cord Injury.
- (d) Finance.
- (e) Acquisition and Materiel Management.
- (f) Engineering.

- (g) Rehabilitative Engineering.
- (h) Quality and Performance.
- (i) Patient Care Services.
- (j) Rehabilitation Research and Development.
- (k) Operations and Management.
- (l) Employee Education.
- (m) General Counsel.

(3) **VHA Central Office Driver Rehabilitation Committee.** Major program policies and procedures are determined by a VHA Central Office Committee for the Driver Rehabilitation Program. The committee may meet at the call of the Director, PM&RS, to consider major program issues requiring the expertise of various specialties. Members of this committee, many whom serve on the VA Central Office Adaptive Equipment Committee, may include representatives from the following areas:

- (a) PM&RS,
- (b) Prosthetic and Sensory Aids Service (P&SAS) Strategic Health Group,
- (c) Office of Resource Management,
- (d) Optometry Service,
- (e) Acquisition and Materiel Management Liaison,
- (f) Business Office,
- (g) Engineering Service,
- (h) Mental Health Strategic Health Group,
- (i) Spinal Cord Injury Strategic Health Group, and
- (j) Other optional members when appropriate, such as: personnel classification, telecommunications, medical statistics, and General Counsel.

b. **Budget and Fiscal**

(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 are to 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. 8).

(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 centers.

(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.

c. **Supporting Professional Services**

(1) **Associate Chief of Staff for Education.** Planning and conducting in-service, and multidisciplinary training programs for other professional staff, community representatives, or family members, must be coordinated through the Associate Chief of Staff (ACOS) for Education, in order to utilize the best possible educational procedures in the approach to driver rehabilitation orientation and/or promotion.

(2) **Audiology and Speech Pathology Service.** In certain disabilities (e.g., stroke, deafness, etc.), communication problems present difficulties to both the patient and driver rehabilitation specialist during the driver rehabilitation process. Continuous consultation with Audiology and Speech Pathology Service provides immeasurable dividends in the safety and quality of training provided to this particular population.

(3) **Engineering Service.** Equipment maintenance and service are prime factors in the conduct of the Driver Rehabilitation Program, and they must be closely coordinated between Engineering Service and PM&RS, or designated care line managers.

(4) **Fiscal Service.** This program is not designated as a separate line item in the facility's recurring budget base. It is incumbent on Driver Rehabilitation Program officials to coordinate budgetary planning and utilization at all times to ensure an adequate source of funds to support the program. Fiscal Service must be informed and involved in planning for any large equipment purchases, such as new or replacement vehicles or simulators.

(5) **Business Office.** The establishment of eligibility for a veteran to enter the Driver Rehabilitation Program is determined, in many cases, by the Business Office. Transferring of patients from one facility to another within or outside of the Veterans Integrated Service Network (VISN) (see M-1, Pt. I, Ch. 25, subpar. 25.20), providing lodging for certain cases, and other legal or administrative determinations must be provided by the Business Office. **NOTE:** *It is highly recommended that a close working relationship be established between PM&RS, or appropriate driver rehabilitation program officials, and the Business Office.*

(6) **Neurology Service.** Patients with certain neurological problems provide the most difficulty in learning or relearning driving techniques. A close coordination with Neurology Service and the Driver Rehabilitation Program must be maintained so that an effective exchange of information may be ongoing.

(7) **Nursing Service.** Observations, recommendations, and support from nursing personnel are invaluable in maintaining the active participation of patients in the Driver Rehabilitation Program. Because of the nursing staff's constant involvement in the patients' daily activities, nursing staff are often able to identify candidates for the program ; and to evaluate effects the experiences encountered in driver rehabilitation had on the patient. Certain teaching techniques, and the use of audiovisual materials, etc., are part of Nursing Education expertise that might help the driver rehabilitation specialist improve the classroom approach to the program.

(8) **Ophthalmology-Optometry.** Certain visual screening procedures may be performed by the primary care provider, or driver rehabilitation specialist, in routine examination of driver rehabilitation candidates. These individuals need to be familiar with vision requirements for State drivers licenses. Questionable cases of vision difficulty need to be referred by the driver rehabilitation specialist through the PM&RS physician, or primary care provider, to an appropriate, available expert in vision evaluation for more technical testing. **NOTE:** *A staff ophthalmologist or optometrist must be considered a close consultant to this program when such service is available.*

(9) **Prosthetic and Sensory Aids Service (P&SAS).** An important liaison must be maintained between the driver rehabilitation specialist and the local prosthetic representative. The pre- and post-evaluation and selection of vehicles and/or automotive adaptive equipment are the responsibility of the driver rehabilitation specialist, while the eligibility determination of the patient, provision of the required automotive adaptive equipment, and vehicle inspection are made by the prosthetics representative. Both of these processes must be coordinated so that they meet the essential needs of the patient.

(10) **Psychiatry and Psychology Services.** For some patients, learning or relearning driving techniques can be a traumatic emotional experience. For those driver rehabilitation candidates

with mental or emotional diagnoses, the effects of this program can be even more traumatic and unpredictable. Close consultation with Psychiatry and Psychology Services is important in these situations and needs to be maintained. Referral of psychiatric patients to the Driver Rehabilitation Program needs to be a shared responsibility between the PM&RS physician, psychiatrist, psychologist, and primary care provider. *NOTE: A neuropsychological evaluation may be required for some trauma brain injury or other neurologic patients with evidence of cognitive deficits.*

(11) **Spinal Cord Injury Service.** Approximately 25 percent of all patients referred to VA's Driver Rehabilitation Program have been diagnosed as tetraplegic or paraplegic. The history of the VA Driver Rehabilitation Program has centered on the medical centers with Spinal Cord Injury Programs. A close working relationship with Spinal Cord Injury Service is necessary in order to maintain the integrity and continuation of driver rehabilitation in these specialized medical centers.

(12) **Pharmacy Service.** Close collaboration with Pharmacy Service, or the attending primary care provider, is vital to understand the effects of prescribed medications upon the driver rehabilitation candidate's ability to participate in the program and to safely operate a motor vehicle post-discharge.

(13) **Acquisition and Materiel Management Service (A&MMS).** The cooperation of A&MMS is dependent upon the driver rehabilitation specialist making the patient's needs known and being able to justify those needs. *NOTE: It is important that proper protocol or procedures be maintained in all requests for supplies or equipment to A&MMS.*

d. **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.

e. **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) National Research Council of the Transportation Research Board.
- (4) National Mobility Equipment Dealers Association.

f. **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.

g. **Public Information**

(1) The success or failure of VA's Driver Rehabilitation Program is related to the quality, intensity, and direction of public relations involvement. Public information responsibilities must be assumed by VHA Central Office program officials, as well as:

- (a) Each driver rehabilitation specialist,
- (b) The Chief, PM&RS,
- (c) The VISN Director, and
- (d) The facility Director at all driver rehabilitation centers.

(2) The veteran needs to be made aware of the existence of this program and the appropriate admission procedures. Family members, medical center staff, local assistance agencies, VISN offices, and any other known resources need to be contacted and informed of the availability, scope, and benefit of this program. ***NOTE: The PM&R Program Office, in cooperation with the Employee Educational Service, may provide educational pamphlets marketing the key components of the Driver Rehabilitation Program.***

h. **Field Technical Advisor to VHA Central Office.** The Coordinator of the VA Driver Rehabilitation Program in VHA Central Office needs to be aware of the most current information available on the teaching and clinical aspects of this program. To ensure this, a VA field expert has been appointed to the role of Field Technical Advisor to VHA Central Office. Field Technical Advisor to VHA Central Office is responsible for:

(1) 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.

(2) When directed, acting for or representing VHA Central Office program officials at meetings, conferences, and/or work groups.

i. **Consultants.** Specialists in all aspects of education and driver rehabilitation for the disabled have been identified both in the governmental and private sectors. Many of these individuals may be available to VA as consultants on specific issues and technical concerns. *NOTE: The use and contracting of consultant services are the responsibility of the local facility.*

j. **Study and Research.** Research activities in Driver Rehabilitation Programs for the disabled are encouraged because there has been little publication offered on this subject. 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.*

k. **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), (can be found at: <http://vaww.va.gov/vaforms>) must be completed and forwarded 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).*

## 7. STAFFING

a. **Qualifications.** It is recommended that the designated primary and alternate driver rehabilitation specialists be PM&RS therapists, licensed, registered, or certified by their respective professional organization. The therapists assigned to these positions must have an educational background in the applied sciences (Anatomy, Physiology of Exercise, Kinesiology, Neurology, Motor Development, Analysis of Human Movement, etc.), psychology (abnormal and physiological), and tests and measurements. Candidates must have a minimum of a Baccalaureate Degree in adapted physical education, kinesiotherapy, physical therapy, occupational therapy, or a specifically related rehabilitation therapy area. Appropriate referrals may 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 ADED, formerly known as the Association of Driver Educators for the Disabled, is encouraged.*

b. **Designation of Primary Driver Rehabilitation Specialist.** Each VA medical center providing a Driver Rehabilitation Program must designate a qualified individual as the primary driver rehabilitation specialist (instructor), even though that individual may share the driver rehabilitation responsibilities with an alternate instructor.

(1) The primary driver rehabilitation specialist is responsible for:

- (a) Initiating driver rehabilitation program tasks,
- (b) Assigning the workloads,
- (c) Assisting in the evaluation and selection of the alternate driver rehabilitation specialist,
- (d) Participating in the evaluation of trainee candidates,
- (e) Prescribing appropriate equipment and supplies,
- (f) Supervising maintenance of the equipment, and

(g) Submitting any necessary reports requested by medical center management and/or VHA Central Office. **NOTE:** *Performance requirements must be developed and published as part of each instructor's annual performance appraisal.*

(2) 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.

(3) The individual driver rehabilitation specialist must maintain:

(a) Current knowledge of 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.

c. **Designation of Alternate Driver Rehabilitation Specialist.** Each VA medical center providing a Driver Rehabilitation Program must designate 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.*

d. **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 has been provided to the designated instructors to prepare them for this task. The product of this training (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.

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

(1) **Instructor Training Center.** The VA Medical Center Long Beach, CA, has been designated as the primary training center for newly appointed driver rehabilitation instructors. The Director, PM&RS 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 under sponsorship of a pre-determined VA Employee Education Center (see App. 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) course, in conjunction with a VA Employee Education Center 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.

## 8. 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 center Director has the discretion to replace the current automobile or van. Reusable portions of add-on adaptive equipment need to 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 on VA Form 2237, Request, Turn-in, and Receipt for Property or Services, to the local A&MM 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, 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-van.** 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

center. Arrangements may be made with the medical center's Engineering Service to maintain the vehicle at its peak performance. If Engineering Service does not keep current maintenance records on the vehicle, it needs to be 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 CARF-The Rehabilitation Accreditation Commission (formerly the Commission on Accreditation of Recreational Facilities (CARF)) and Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) accreditation surveys, 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) Precautionary measures to protect the driver rehabilitation vehicle must be taken at all times. When the vehicle is not in use: doors are to be locked; keys removed from the ignition; aerials removed from the outside of the vehicle (if possible); and any equipment, such as cameras, radios, cassette players, etc., secured.

(b) Security checks must be arranged with the medical center security force.

(c) Any damage or loss must be reported to Acquisition and Materiel Management Service (90) on VA Form 07-1217, Report of Survey.

(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 center 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 Central Office Acquisition and Materiel Management Liaison (93).*

(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. Emergency and safety equipment (i.e., first aid kit, universal precaution equipment, fracture splints, safety triangles, and road emergency kits) must be available in all driver rehabilitation vehicles. **NOTE:** *A cell phone or other communication system must be available during the operation of the vehicle.*

(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, A&MM, 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, A&MM Service.*

(13) **Restriction in Use of Driver Rehabilitation Vehicle.** Use of vehicles purchased for and utilized in the VA Driver Rehabilitation Program for purposes other than driver rehabilitation is strictly discouraged. Use of the vehicle for driver rehabilitation purposes must always take precedence over any other need. Family members of beneficiaries may not drive or ride in the training vehicle. It is permissible, for other medical center personnel to ride in the vehicle for evaluation, orientation, or teaching purposes; clinical training students in the allied health disciplines may ride in the vehicle, as long as such involvement is undertaken within a phase of their active clinical internship. **NOTE:** *For safety precautions, the adaptive equipment must not be utilized by unauthorized personnel or vehicle operators; the presence 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 with global-positioning system (GPS) capability may be purchased and are 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 center 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 as medical center 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.** Copies of the VHA Handbook 1173.4, Automobile Adaptive Equipment Program, have been sent to all VA medical centers 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.

## 9. 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) Termination of treatment, other than for medical reasons, before successful completion of the program will be based upon professional judgment of the driver rehabilitation specialist.

(3) 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 VA, the term “eligible person” means:

(a) Any veteran entitled to VA compensation or a member of the Armed Forces serving on Active duty who is suffering from the following disabilities, if the disability is the result of an injury incurred or disease contracted in or aggravated by active military, naval, or air service during World War II (WWII), or thereafter:

1. Loss or permanent loss of use of one or both feet.

2. Loss or permanent loss of use of one or both hands.

3. Permanent impairment of vision of both eyes; central visual acuity of 20/200 or less in the better eye, with ordinary corrective glasses, or central 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 20 degrees in the better eye. **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 Services serving on active duty who is suffering from any disability described in subparagraphs 8f(1)(a), or 8f(1)(c), if such disability is the result of an injury incurred or disease contracted in or aggravated by active military service during WW II, or thereafter.

(c) 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.

(d) Any non-veteran referred as part of an authorized sharing agreement under authority of VHA Directive 1660.1, as described in preceding subparagraph 8b.

(2) **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.

(3) **Other Eligibility 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. **Admission Criteria**

(1) The furnishing of driver rehabilitation for persons with disabilities is a medical treatment 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: Psychology Service must be consulted to provide a Neuropsychological evaluation in those patients with a history of head trauma 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. 8d), 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 Center Miami, FL (the parent facility), and related charges are to be paid by that medical center. *NOTE: VA medical centers not having special driver rehabilitation activities may obtain consultative services from medical centers which do.*

d. **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 1903(e)(1)). However, some individual driver rehabilitation centers may qualify as “special medical 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.

e. **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: In accordance with VA policy, inter-facility transfer is "the method of choice" when circumstances and conditions permit.* 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 application authorities. Funding for these transfers are provided by the "releasing facility" (see App. D).

f. **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) Refusal to leave area of residence for family reasons,
- (b) Inability to travel long distances to reach the nearest driver rehabilitation center,
- (c) Unavailability of space, or
- (d) Extremely lengthy waiting list at the nearest training center.

(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 their 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.

g. **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.*

h. **Certificate Of Training.** In order to standardize the certification completion of the VA driver rehabilitation course, VHA Central Office has determined that VA Form 5-3904, 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 5-3904 can be ordered through the local "forms officer" in Human Resources Management, or from A&MM.*

i. **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.

j. **Licensing.** The final responsibility for licensing the patient who completes the VA Driver Rehabilitation Program rests with 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.

k. **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 center authorities are encouraged to support all driver rehabilitation specialists in providing a portion of the teaching program to night instruction.

l. **Release of Medical Information.** With the patient's written consent, a page(s) of 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.

## 10. 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 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) Brain dysfunction;
- (4) Hemiplegia;

- (5) Neurological disorders;
- (6) Amputation, i.e., upper and lower extremities;
- (7) Orthopedic problems;
- (8) Psychiatric disorders;
- (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. **Referrals**

(1) Standard Form (SF) 513, Medical Record-Consultation Sheet, or the Electronic Consultation Form, must be used. Referrals for inpatients must be sent at least 7 to 10 days in advance in order to avoid delay. 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.

(2) PM&RS evaluates each applicant and accepts only those candidates for training who meet the various minimum requirements.

(3) The consultation must contain such information as:

- (a) Medical history of the driving candidate,

- (b) List of medications which may affect driving, and
- (c) Concurrent limitations which accompany primary disability (see App. D).

e. **Pre-driving Assessment and Evaluation.** The Driver Rehabilitation Specialist must ensure the following areas are addresses 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.** Prepare patient's VA Form 10-9028, for each patient's continual use throughout training period.

(3) **History.** Obtain from patient the history of the patient's driving record, including any citations, accidents, or suspensions.

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

f. **In-Car Instruction.** During all four phases the instructor must continually emphasize benefits of defensive driving.

(1) **Phase One**

- (a) Train in transferring to and from vehicle.
- (b) Evaluate for assistive and prosthetic devices.
- (c) Orient to vehicle controls and add-on adaptive equipment.
- (d) Assume proper body positioning and alignment (e.g., seat height, position of legs).
- (e) Mirror references, including “blind spot” checks and tests.
- (f) Note passenger responsibilities (e.g., seat belts, lock doors).
- (g) Emphasize pre-driving check which includes external (e.g., lights) and internal (e.g., gas supply) considerations.
- (h) Practice ingress and egress of mobility aids.
- (i) Prepare lesson plans and course routes for all steps of vehicle in motion training, 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.
  - 8. Visual tracking.
- (2) **Phase Two.** 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.
  - (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.** 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.** 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-car 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.*

g. **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.

h. **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, both as a driver, or as a passenger.

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

## 11. 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 centers.

(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, 9<sup>th</sup> Edition (ICD-9-CM) Codes are being incorporated into the Decision Support System (DSS) as new means for effectively measuring productivity and costs. *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 centers 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.

## REFERENCES AND RELATED SUPPORTIVE MATERIAL

### 1. References

- a. Public Law 93-538.
- b. The Handicapped Driver's Mobility Guide, The American Automobile Association.
- c. VHA Directive 1660.1, Enhanced Health Care Resource Sharing Authority – Selling.
- d. VHA Handbook 1173.4, Automobile Adaptive Equipment Program.
- e. VHA Handbook 1173.8, Medical Equipment and Supplies.
- f. Edds, Jim. Driver Rehabilitation: Gateway to Independence, IPC Graphics, 2002.
- h. Physical Disabilities and Driving: Potential Problems and Solutions, Shipp and Havard, Louisiana Tech University, 1999.
- i. Disabilities and Their Implications for Driver Assessments and Training, Shipp and Havard, Louisiana Tech University, 1999.

2. **Supportive Material.** Current information and technological advances in driver rehabilitation may be obtained through literature search by the local center librarian. 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 FORMAT FOR POSITION DESCRIPTION  
DRIVER REHABILITATION SPECIALIST OR DRIVER EDUCATION THERAPIST**

**1. Major Duties and Responsibilities**

a. Incumbent is a professional rehabilitation therapist (kinesiotherapist, occupational therapist, or physical therapist) involved in the Driver Rehabilitation Program, as designated at this health care facility. This facility is one of approximately forty such Driver Rehabilitation Centers in the Department of Veterans Affairs (VA) health care system. Incumbent has duties and responsibilities involving patient care, program development, medical staff training, and consultation.

b. Incumbent utilizes professional training and experience in one of three rehabilitation therapy specialties (kinesiotherapy, occupational therapy, and physical therapy) by working with a medical team treating patients with one or more medical (physical and/or mental) problems which have adversely affected their lives. The aim of the medical team's efforts is to rehabilitate the patients, restoring them to a more normal, productive, and independent life-style. This usually involves work with complex therapeutic objectives and/or unusual and highly-specialized procedures, due to the severe or unusual disability involvement of the patient. The incumbent's contributions to the medical team's efforts include;

(1) Assessing the physiological functioning of patients referred by a physician to the Driver Rehabilitation Program by means of personal interview, gross physical and cognitive screening processes (which include procedures in visual acuity, color perception, depth perception, and sign recognition; manual muscle testing, coordination, balance, and endurance; reaction time; and measures of cortical involvement) as they relate to a person's ability to safely operate a motor vehicle.

(2) Developing and recommending to the medical staff an individualized physiological rehabilitation and/or reconditioning program for each patient, involving exercise reconditioning, retraining, and educating.

(3) Developing the means to work effectively with a variety of patient diagnoses that include:

(a) Severe spinal cord injury cases with high lesions who have psychological problems associated with traumatic injury and being in a highly technical motor vehicle using complex equipment to operate said vehicle;

(b) Stroke victims with resulting paralysis, plus, in some instances, amputation of affected or unaffected limbs;

(c) Multiple amputees with resulting psychological involvement;

(d) Neurological cases which display deficits in coordination, possible regression, memory loss, or possible confusion;

(e) Psychiatric disorders which may display hostility, aggressiveness, or severe depressive reactions; and

(f) Other cases with multiple, complex, or varied disorders or disabilities, who must be trained in a moving, mechanized and potentially dangerous vehicle.

(4) Instructing the patient to assume the optimum position for driving.

(a) This must be inclusive of: transferring to and from the training vehicle, stowage of wheelchair or ambulatory aid, body positioning for best balance, and ease of operation and securement to the vehicle by means of appropriate restraining devices.

(b) Utilization of the training vehicle must incorporate the teaching of the patient in the use of wheelchair lift systems, wheelchair tie down systems, high-tech steering, braking, acceleration, and other operational systems inherent in this type of vehicle.

(5) Providing the patient with Certificate of Training, upon successful completion of the in-vehicle instruction, and escorting the patient, to the Department of Motor Vehicles (DMV) to be examined for licensing, as appropriate.

(6) Intervening at all phases of the patient's illness and/or rehabilitation and working with the patient and the patient's family in the adjustment process of the disability and the relearning process of operating a motorized vehicle which utilizes any variety of add-on adaptive equipment, depending on the severity and type of disability encountered, including:

(a) Assisting in the clarification of the patient's current training status and needs; and

(b) Counseling patient and family, when necessary, in equipment selection, procurement and installation, vehicle registration and licensing procedures, and insurance considerations.

(7) Incumbent is responsible for all appropriate documentation relative to driver rehabilitation in the patient's medical record in accordance with local policy and in compliance with national accrediting organizations' (Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and CARF-The Rehabilitation Accreditation Commission (formerly the Commission on Accreditation of Recreational Facilities (CARF)) existing standards. **NOTE:** *Documentation is often performed electronically and requires skills in use of appropriate computer software for such documentation.*

c. Incumbent is responsible for developing a Driver Rehabilitation Program which encompasses all types of patients with disabilities who may be referred to the program from within the medical facility, those on ambulatory care status, or those from other medical facilities

within the Veterans Integrated Service Network (VISN), as provided under the mandates of Public Law 93-538. Duties and responsibilities specific to program development include:

(1) Devising a course content and lesson plan for each individual referral, depending on the nature and severity of the disability, for instructing the patient in the safe and appropriate operation of a motor vehicle. Such course structuring and planning may change since instruction may be provided in an automobile, van, or any other motor vehicle designated by the veteran patient and the physician.

(2) Instructing the patient in:

(a) The appropriate State Rules of the Road,

(b) Basics of vehicle (or van) care and maintenance,

(c) The influence of environmental and outside forces on the driving task, and

(d) Defensive and evasive driving strategies.

(3) Utilizing the driving simulator for purposes of: initial evaluation, adaptability to the actual motor vehicle, sensory awareness, and perception.

(4) Designing specific driving routes, for the on-the-road phase of instruction, so as to conform to a lesson plan in effort to ensure the safest and most effective means of teaching a specific driving task. This course may incorporate given areas of the health care facility or areas within the proximity of the health care facility.

(5) Selecting appropriate vehicle and add-on adaptive equipment best suited to the needs of the individual patient.

(6) Developing an evaluation process and methodology in assessing the effectiveness of the program.

(7) Providing appropriate information to all other areas of the health care facility to ascertain that the availability and scope of this program are made known to other medical services with the facility as well as other facilities within the VISN.

(8) Meeting with other members of the medical staff to appraise them of the status, progress or regress of the individual patient as it relates to the Driver Rehabilitation Program.

(9) Scheduling regular vehicle maintenance and repair.

d. Incumbent conducts training and orientation in driver rehabilitation for medical staff at the driver rehabilitation facility, as well as with those other health care facilities in the VISN. Incumbent serves as a resource person, advisor and consultant to the Chief, Physical Medicine

and Rehabilitation Service (PM&RS), the supervisor of the incumbent's specific therapy area, and other staff members in the medical facility who may be directly or indirectly involved with the patients referred to this program. Duties and responsibilities include:

(1) Developing training course material and content for various health care professionals such as physicians (physiatrists, neurologists, orthopedic surgeons, psychiatrists, etc.), nurses, rehabilitation therapists, social workers, psychologists, prosthetics representatives, and other specialty areas. *NOTE: As a limited amount of information is available in this area, the incumbent prepares own lectures for presentation.*

(2) Conducting classes and discussion on an on-going basis.

(3) Developing and presenting, in cooperation with other agencies, continuing education opportunities in driver rehabilitation for the disabled.

(4) Preparing and distributing articles and notices involving new developments in driver rehabilitation for the disabled.

(5) Providing education in this activity to students in nursing, therapy disciplines, other allied health professions, or any therapeutic discipline which has clinical affiliations with a college or university in the immediate area. This education may be conducted through lectures, film presentations, demonstrations, written materials, or a combination in a multimedia approach.

e. Since the incumbent must be a professional rehabilitation therapist before qualifying for the driver rehabilitation specialist position, it is understood that this individual is to be fully-qualified to provide the specific therapeutic expertise of whatever professional discipline is designated, such as, kinesiotherapist, physical therapist, and/or occupational therapist.

(1) The incumbent needs to be able to identify and utilize consultants and other resource faculty, as needed, in the program being provided;

(2) Keep informed on the current research in order to speed the transition from research in clinical practice, and state of the art in automotive adaptive equipment and licensed motor vehicles.

**2. Factor 1. Knowledge Required by the Position.** It is critical for the incumbent to have the knowledge:

a. Of rehabilitation principles and processes and their application to teaching the disabled person how to safely operate an appropriately equipped motor vehicle.

b. Of disabling diseases and injuries and their impact upon a person's ability to perform the physical and mental tasks required to safely operate a vehicle.

- c. Of the relationship between multiple disabling conditions for those patients with complex multiple medical conditions, such as: spinal cord injury, neurological conditions, head trauma, orthopedic impairments, psychiatric conditions, and normal aging.
- d. And skills in interviewing and assessing patient's physiological and cognitive functions as they relate to the safe operation of a motor vehicle; and to be knowledgeable of the application of standard and non-standard instruments utilized to perform such assessments.
- e. And skills in developing an organized driver evaluation and training plan to meet the specific needs of the disabled person commensurate with the person's physical and mental capabilities.
- f. Of the driving and licensing laws of the State in which the program resides.
- g. Of current equipment and advanced technology which contribute to the person with disability's ability to safely operate a vehicle.
- h. Of professional methods used in teaching basic and advanced driver education, including the VA Driver Rehabilitation Program, as obtained through the 2-week VA sponsored Driver Rehabilitation Instructors' Course.

**3. Factor 2. Supervisory Controls.** The Incumbent is under the administrative supervision of the chief of the particular therapy designated to conduct this program, who counsels and assists the incumbent with administrative problems. The incumbent performs even the most difficult assignments with a high-degree of independence, but normally consults with the Chief, PM&RS, or designee, and/or the ward physician regarding pertinent medical problems. Due to the nature of this position, the majority of the tasks are provided in a highly-independent environment: i.e., alone with the individual patient in a motor vehicle away from the immediate medical facility environment. The incumbent must exercise judgment in dealing with daily treatment, scheduling, and behavior modification approaches.

**4. Factor 3. Guidelines.** The incumbent is guided by VA and VHA directives, handbooks, program guides, applicable laws, regulations, clinical practices, policy positions, and the principles of sound evaluation practice. The incumbent uses sound judgment and discretion in establishing intent and scope of guidelines applicable to the Driver Rehabilitation Program. In some incidences, the incumbent may be focusing on clinical areas that have not been evaluated before and for which no precedents or guidelines exist. The incumbent must draw upon personal background, experience, and education to design review strategies that produce the desired results.

**5. Factor 4. Complexity**

a. The work involves planning and utilizing a full-range of treatment procedures designed to allow veterans with either physical, mental, or emotional disorders, or a combination of one or more, the opportunity to drive. The incumbent determines the client's potential for attaining

goals and establishes a program to facilitate the patient's progress toward those goals. This involves complex therapeutic objectives and/or unusual and highly-specialized procedures due to the severe and unusual involvement of the patient. The work is further complicated by the need to comply with State licensing procedures, an increasing older veteran population with multi-medical problems, and is compounded by shorter medical facility stay and lack of alternative transportation. The therapist must intervene at all states of the patient's illness and/or rehabilitation and work with patient and the patient's family during the adjustment process of the disability and the relearning process of operating a motor vehicle which utilizes any variety of add-on adaptive equipment. Counseling is provided to patients and/or family with regard to equipment selection, procurement, and installation; vehicle registration; licensing procedures; and insurance considerations.

b. Assessing the driving potential of a person with disabilities requires specialized knowledge and skill in determining the driver candidate's sensory-motor functioning, cognitive-perceptual functioning, and the ability to operate a motor vehicle on a driving range and/or the public roadways.

c. Because of the varied, severe, and complex physical and/or psychological impairments of patients being treated in driver rehabilitation, the driver rehabilitation specialist must be constantly aware and alert to any sudden, untoward occurrences while driving, including seizures, spasms, pain, loss of consciousness, aggressive behavior, cardiac or respiratory arrest, and other problems which might result in loss of control of the vehicle.

d. Incumbent needs to be constantly cognizant of the driver candidate's ability to process and respond to information, and accurately interpret visual stimuli encountered in a driving environment, including the candidate's attention span, decision-making ability, analytical abilities, depth perception, and spatial relationships.

#### **6. Factor 5. Scope and Effect**

a. The purpose of the work is to increase mobility of the person with disabilities by offering a comprehensive Driver Rehabilitation Program, encompassing all activities, in an effort to make the patient a safe, competent driver, well-versed in all phases of motor vehicle operation.

b. This work has impact on the quality of life of the person with disabilities. The focus is on providing rehabilitation services to make a person independent; i.e., to ensure that the veteran is not sent home independent in all activities of daily living except driving. The work of the driver rehabilitation specialist is to provide the veteran with the opportunity to independently enter the mainstream of society.

**7. Factor 6. Personal Contacts.** Personal contacts are with patients, families and/or caregivers, physicians, nurses, social workers, therapists, psychologists, other allied health personnel, commercial vendors, DMV, PM&RS VHA Central Office, local prosthetic representatives, manufacturers of adaptive equipment, professional organizations, and community agencies. The incumbent has direct contact with other driver rehabilitation

specialists at other VA medical centers and the private sector. These contacts are face-to-face, over the telephone, by electronic mail, through written communication, or by mail.

**8. Factor 7. Purpose of Contacts.** Contacts provide patient evaluation and assessment, treatment, training, and education. The therapist needs to be skilled in motivating and encouraging changes in behavior to educate the patient in the goals and purpose of the program.

a. Contacts provide for: an exchange of information and promotion of understanding with other medical center employees; procurement of supplies and equipment (adapted automobile equipment, lifts, etc.); arrangement of community resources; and networking with peers nationwide.

b. Contacts frequently coordinate efforts between medical staff and/or family members to discuss progress, changes in the patient, and resolution of any problems that may occur.

**9. Factor 8. Physical Demands.** Work involves moderately heavy lifting of severely disabled patients, wheelchair loading and/or unloading, bending, and assisting patients in transfers. The stress of instructing in inclement weather, complex, and freeway traffic situations, and the physical and psychological condition of the patient (including life threatening situations) compound the physical and emotional demands of the job.

**10. Factor 9. Work Environment.** Work is performed independently in a motor vehicle away from the immediate medical center, and in a well lighted and ventilated classroom or clinic. Incumbent is exposed to infectious diseases, medical and vehicular emergencies, and the potential dangers of training in a moving, mechanized vehicle.

## 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 Center*

- 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 of 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) Tours of PM&RS, VA Medical Center, Long Beach, CA
- (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
- 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 CENTER 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 illness, 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.*

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