

Addressing Driving within the Practice Setting of Stroke Care:

UNDERSTANDING
THE OT ROLE IN
SCREENING DRIVING
ABILITY

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REG. (ONT.), CDR

OCTOBER 24, 2025

STROKE NETWORK
SOUTHEASTERN
ONTARIO

Land Acknowledgement

I ACKNOWLEDGE
THAT KINGSTON IS
THE TRADITIONAL
HOMELAND OF THE
ANISHINABEK,
HAUDENOSAUNEE,
AND THE HURON-
WENDAT, AND I
THANK THESE
NATIONS FOR THEIR
CARE AND
STEWARDSHIP OVER
THIS SHARED LAND.

A Little About Me...

Senior Occupational Therapist at the Driving Rehabilitation Service

- The Ottawa Hospital Rehabilitation Centre – General Campus
- University of Waterloo, 1991
- McMaster University, 1993
- Master's Certificate in Assessing Driving Capabilities, McGill University, 2009
- Certified in Driver Rehabilitation (CDR), Association of Driver Rehabilitation Specialists



Conflict of Interest



I am disclosing a conflict pertaining to this seminar



The presenter is employed by a health care organization that provides driver assessment services, which would potentially lead to financial benefit for the organization if attendees refer clients to the presenter's organization.

Abstract

Occupational therapists (OTs) are uniquely trained to identify and address gaps between a client's abilities and the demands of the activity, or occupation, in which they wish to participate. It is this skill that allows us to recognize when an individual's medical condition is impacting their driving ability.

In this presentation, we will review the MTO regulations regarding OT discretionary reporting to the MTO as well as the COTO guidelines on addressing driving in the context of OTs who work with those clients who have had a stroke.

Participants will learn how to identify those clients with potential driving impairment, and how to use a holistic approach to screen for driving ability. Resources to assist OTs in helping these clients navigate the MTO medical review process will be reviewed and provided.

Objectives

At the conclusion of this presentation, participants will

- **Understand** the discretionary reporting legislation / regulations and COTO's guidelines and the roles and responsibilities of OTs in identifying at risk drivers in the practice setting of stroke care.
- **Learn** how to navigate the MTO medical review process.
- **Develop** confidence in conducting driver at-risk screening using evidence-based tools.
- **Develop** awareness of available resources.
- **Develop** problem solving skills using challenging and complex client case studies.*

Steps to Return to Driving

1. What are the steps to return to driving after stroke?
2. What are my responsibilities as an OT to report my concerns when a patient has no family doctor and has been advised to avoid driving for 30 days by inpatient physicians?
3. If a patient does not have a family doctor, who is responsible to follow up with patient after 30 days?



Setting the Stage

Let's start with some common terms

MTO = Ministry of Transportation of Ontario, is the provincial ministry of the government responsible for transport infrastructure and related law; licensing body – issue and suspend licences

Medical Review Section = department of MTO involved with those drivers who have medical condition possibly impairing fitness to drive, posing risk

FAC = Functional Assessment Centre approved by MTO to conduct functional driving assessment or comprehensive driving evaluation

Functional Driving Assessment = evaluation by OT/CDRS and Driving Instructor who have advanced training in driver rehabilitation, aka comprehensive driving evaluation (CDE)

More terminology...

OT/CDR(S) – Occupational Therapist with advanced training and certification in driver rehabilitation, in Ontario referred to as CDR (COTO)

DI – Driving instructor with advanced training in driver rehabilitation, mentored and supervised by an OT/CDRS

“positive report” – satisfactory medical report – may be regarding diagnosis from a physician or specialist, but can also mean the functional driving assessment report that the OT submits

Medical vs Vision Waiver assessments – at TOH, we do both, but not all FAC do

- Medical – functional driving assessments for medical conditions, other than vision waiver assessments

Vision Waiver program/assessments – specific protocol needed when individual has visual field deficit & does not meet MTO vision standards for driving

<http://www.mto.gov.on.ca/english/safety/pdfs/fact-sheet-class-g-vision-waiver.pdf>

The Law and Rights of Drivers

Canadian drivers have a right to have their licence eligibility determined on the basis of an **individual functional assessment**

Accommodation can often be achieved with appropriate licence conditions or restrictions or vehicle modifications

Canadian Council of Motor Transportation Administrators (CCMTA)
Medical Standards for Drivers

Standards revised annually - majority adopted by provincial & territorial motor vehicle departments

Achieves a uniformity of standards across Canada



National Safety Code

Standard 6: Determining Driver Fitness in Canada

Part 1: A Model for the Administration of Driver Fitness Programs

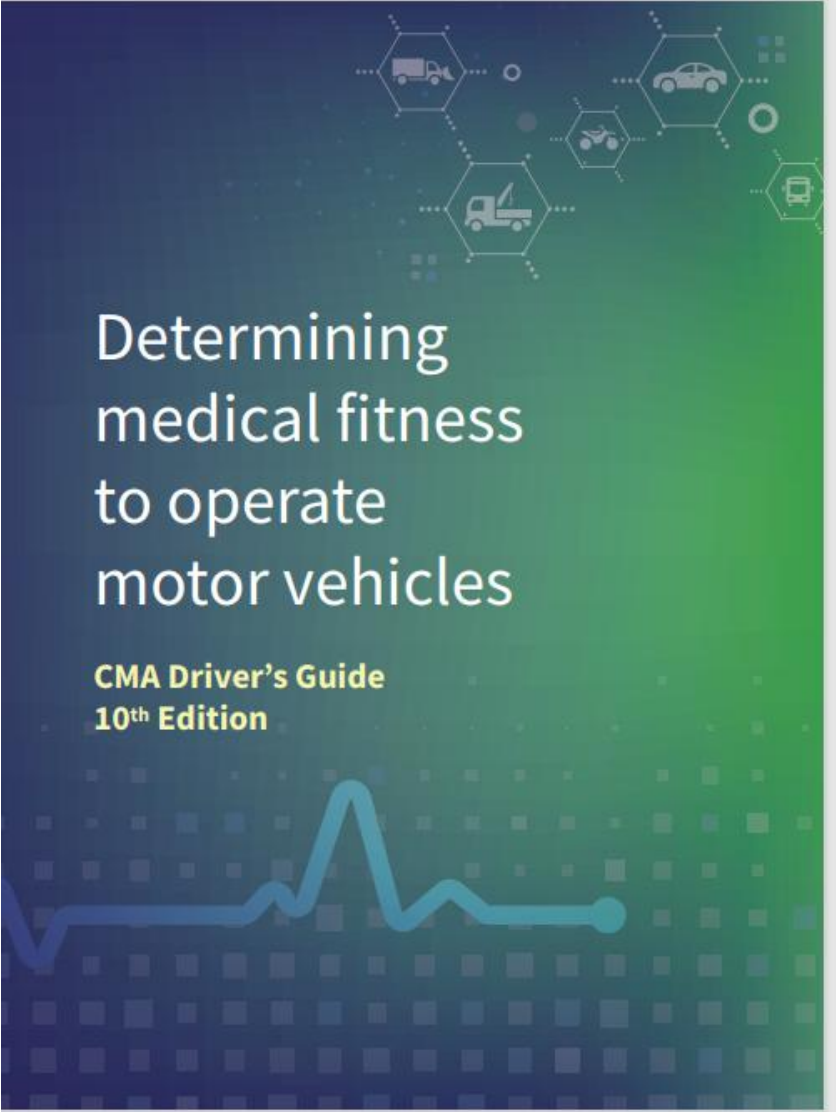
Part 2: CCMTA Medical Standards for Drivers

Determining Driver Fitness

<https://www.ccmta.ca/web/default/files/PDF/National%20Safety%20Code%20Standard%206%20-%20Determining%20Fitness%20to%20Drive%20in%20Canada%20-%20MAY%202025.pdf>

Determining Medical Fitness

<https://joulecma.ca/publications/drivers-guide>

The image shows the cover of a guide titled "Determining medical fitness to operate motor vehicles". The cover has a dark blue to green gradient background. At the top, there are several hexagonal icons containing images of a truck, a car, a motorcycle, and a bus. At the bottom, there is a white ECG-like line graph. The text "Determining medical fitness to operate motor vehicles" is written in white, and "CMA Driver's Guide 10th Edition" is written in yellow below it.

Determining
medical fitness
to operate
motor vehicles

CMA Driver's Guide
10th Edition

Stroke/Driving Recommendations



Driving after stroke is possible – privilege not a right



Evaluation

must account for any residual physical, visuospatial, neuropsychological or cognitive impairment that might affect safe driving



In general, uncertainty = formal driving evaluation, including on road assessment



CMA Driver's Guide – 10th Edition, page 90



What the Law says...

Legislation in Ontario – the “law”

Regulates licensing of vehicles, classification of traffic offences, administration of loads, etc

First introduced in 1923 – amendments due to changes to driving conditions and new transportation trends

For example –the Act was revised to ban the use of cell phones while driving

2018- Amended - Discretionary reporting – Section 203 HTA

<https://www.ontario.ca/laws/statute/90h08>

“WHAT IF I’M CAUGHT DRIVING WHILE UNDER A MEDICAL SUSPENSION?”

Driving under medical suspension is charged no less than \$1000 and no more than \$5000

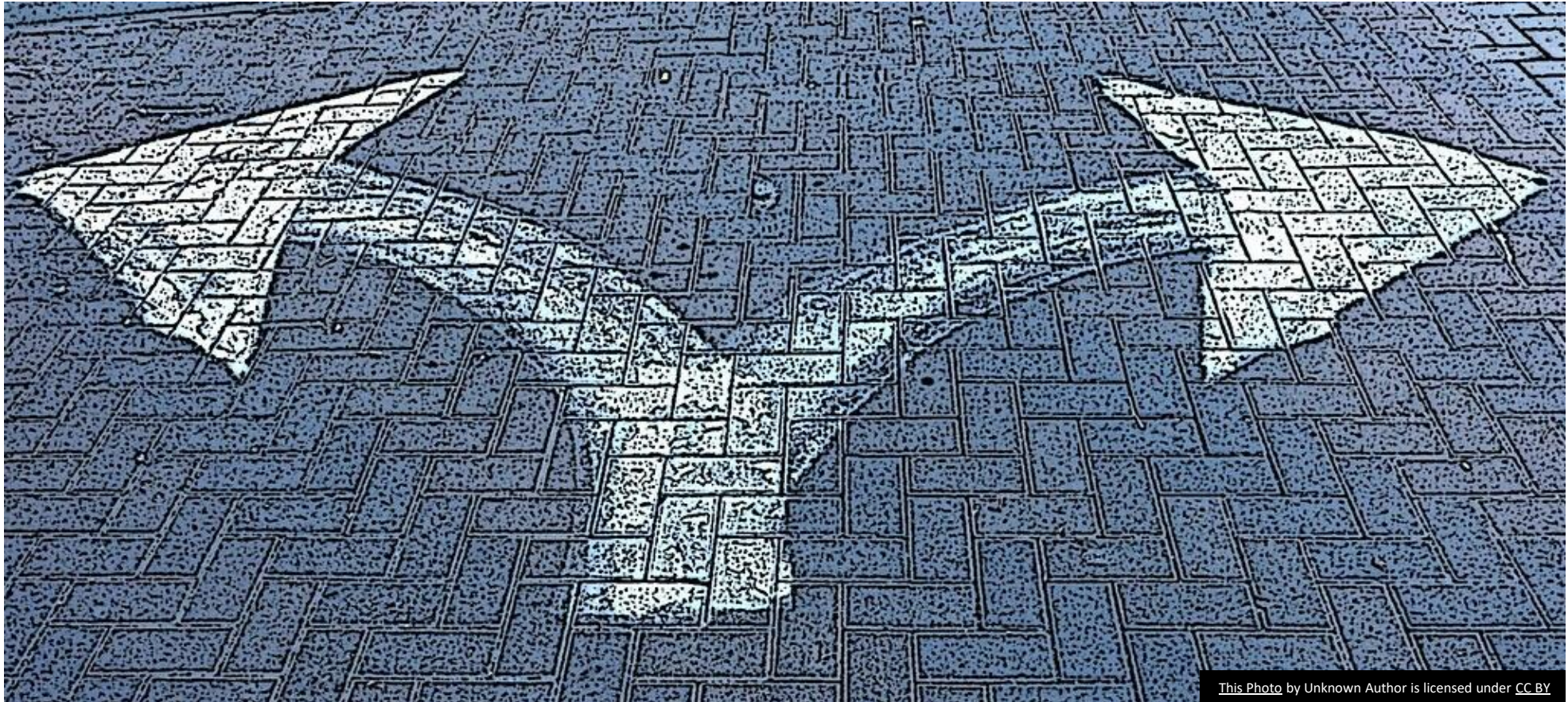
Mandatory six-month suspension of license after the medical suspension has been lifted

In serious cases, face a term of imprisonment, which does not exceed six months

Insurance company may increase rate for up to three years after the incident occurs

<https://www.xcopper.com/blog/driving-tips/medical-reasons-to-lose-driving-license/>

Dilemma: to report or not to report



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Why report to MTO

Drivers must meet basic medical standards to operate a motor vehicle

Ontario Regulation 340/94 (s. 14) <https://www.ontario.ca/laws/regulation/940340>



Whether applying or already have licence, you must not:

suffer from any mental, emotional, nervous or physical disability that might significantly interfere with your ability to safely drive

be addicted to alcohol or a drug where likely to significantly interfere with your ability to safely drive a motor vehicle

Who can Inform the MTO

Mandatory duty to report

- physicians
- nurse practitioners
- optometrists

Discretionary authority to report

- physicians
- nurse practitioners
- optometrists
- occupational therapists

What does our “College” say?

RESPONSIBILITY EXPECTATION:
SAFETY RISK



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And the panic sets in...

Is there a concern about driving?

How do I start the conversation? What is the best approach to determine medical fitness to drive? How do I support transition from driver to non-driver?

How can we screen for medical risk behind the wheel (without seeing them drive)?

Why me??? → We want it to be OT!!!!





Screen Driving Risk

Learning to complete a driving risk screen

- quick , easy solution
- helps to reduce risk
- helps to improve the safety of the community

Are you currently performing a driving risk screen?

Authority to Report

COTO College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario



Discretionary Reporting of Fitness to Drive

Effective July 1, 2018
Revised 2024

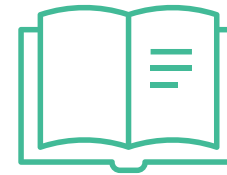
Legal Responsibility



May report a driver



Not legally required to do so



Ontario Regulation 340/94:
Drivers' Licences, section 14.2

With or without consent



Permitted to make a report without client consent

if reasonable grounds

prevent or reduce risk of harm to the client or others

Highway Traffic Act, 1990, section 203(3)



Must have met the client

Highway Traffic Act, 1990, section 203(4)

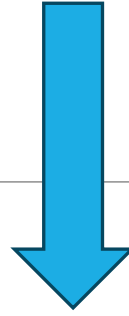
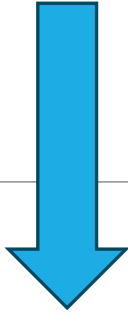
Responsibility: Adopt a Boarder Role

“broader” role - responsibility for reporting unsafe drivers based on assessment of functional abilities

Type of approach – scope and nature of role

- Three tier expertise framework

(COTO 2018; CAOT, 2009; Korner-Bitensky et al, 2007)



General Functional Assessment

Assess function dependent on context
Identify medical conditions, functional or visual impairments

Driving Specific Functional Assessment

Assess specific functions known to affect driving fitness – evidence-based methods
Requires enhanced knowledge of best practices

Comprehensive Driving Evaluation (CDE)

Assess in area of driver assessment & rehabilitation: clinical & on road
Specific advanced training, work in MTO approved FAC

Responsibility -

May identify
concerns about
driving

Understanding
expected actions
and options
available

The authority for
discretionary
reporting:
one option

Addressing fitness to drive concerns:



Discuss

- with client/family/or other care providers
- with interprofessional colleagues / care team

Explore alternate transportation plans

Seek agreement to cease or self-limit driving

Consult colleague in driver rehab

Refer: further driving assessment (i.e., Comprehensive Driving Evaluation)

Make a discretionary report to the MTO



Making a Discretionary Report

How to Inform the MTO



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File Medical Condition Report (MCR)

- 6 HIGH RISK - mandatory reporting
 - Cognitive Impairment, Sudden Incapacitation(seizure, syncope, stroke), Motor or Sensory Impairment (SCI, MS, CP), Visual Impairment, Substance Use Disorder, Psychiatric Illness
- impairments that, based on national medical standards, warrant a licence suspension

Medical Condition Report

Fee Code K035

Mandatory report by a prescribed person in compliance with subsection 203 (1) of the *Highway Traffic Act*, or Discretionary report in relation to subsection 203 (2) of the *Highway Traffic Act*. For guidance on reporting requirements see [Regulation 340/94](#) or [Interpretive Guide – Form 5108E_Guide](#).

Medical Condition Report Form – 2 Pages

Complete electronically, print, sign and fax both pages.

To: Driver Medical Review Office 416-235-3400 or 1-800-304-7889

From:

Or Mail to: Ministry of Transportation – Driver Medical Review Office
77 Wellesley St W, Box 589
Toronto ON M7A 1N3
Telephone: 416-235-1773 or 1-800-268-1481

Please complete in full. Fields marked with an asterisk (*) are mandatory.

Part 1. Patient Information

| | | | | |
|-----------------------------|---|--|----------------------|----------------------|
| Last Name * | | First Name * | | Middle Initial |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> |
| Date of Birth (yyyy/mm/dd)* | Gender * | Driver's Licence Number (if available) | | |
| <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/> | | |
| Current Address | | | | |
| Unit Number | Street Number * | Street Name * | | PO Box |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| City/Town/Village * | | Province * | Postal Code | |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | |

Part 2. Practitioner's Information

| | | | |
|----------------------------|----------------------|-----------------------------|--|
| Practitioner's Last Name * | | Practitioner's First Name * | |
| <input type="text"/> | | <input type="text"/> | |
| Practitioner's Number * | Telephone Number | | |
| <input type="text"/> | <input type="text"/> | | |

Practitioner's Address

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Unit Number | Street Number * | Street Name * | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| City/Town/Village * | | Province * | Postal Code |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |

I am this person's:

- Family/Treating Physician ER Physician Nurse Practitioner Occupational Therapist
 Urgent Care/Walk In Clinic Physician Other (specify) _____

Patient is aware of this report Yes No

I approve of the ministry releasing this report to the patient or their legal representative if requested Yes No

I wish to be notified if my patient requests a copy of this report from the ministry, as releasing this report may threaten the health or safety of the patient or another individual Yes No

Practitioner's Signature _____ Date of Report Examination (yyyy/mm/dd) * _____

Doe John S

Date of Birth (yyyy/mm/dd)* 1957/01/29 Gender * Male Female Driver's Licence Number (if available)

Current Address

Unit Number Street Number * 123 Street Name * Any Street PO Box

City/Town/Village * Any City Province * Ontario Postal Code A1B 2C3

Part 2. Practitioner's Information

Practitioner's Last Name * Stone Practitioner's First Name * Tamalea

Licence Number * G9300978 Telephone Number 613-737-8899 ext. 75502

Practitioner's Address

Unit Number Rm 2503 Street Number * 505 Street Name * Smyth Road

City/Town/Village * Ottawa Province * Ontario Postal Code K1H 8M2

I am this person's:
 Family/Treating Physician ER Physician Nurse Practitioner Occupational Therapist
 Urgent Care/Walk In Clinic Physician Other (specify) _____

Patient is aware of this report Yes No

I approve of the ministry releasing this report to the patient or their legal representative if requested Yes No

I wish to be notified if my patient requests a copy of this report from the ministry, as releasing this report may threaten the health or safety of the patient or another individual Yes No

Practitioner's Signature  Date of Report Examination (yyyy/mm/dd) * 2022/09/26

Completing the Medical Condition Report

Section 1 and 2 - sample

Filling out Medical Condition Report

Part 3. Medical Condition or Impairment (Check all that apply)

Cognitive Impairment

A disorder resulting in cognitive impairment that affects attention, judgement and problem solving, planning and sequencing, memory, insight, reaction time or visuospatial perception, and results in substantial limitation of the person's ability to perform activities of daily living. Due to:

Dementia Brain Injury / Tumour Unknown Other (specify) _____

Sudden Incapacitation

A disorder that has a moderate or high risk of sudden incapacitation, or that has resulted in sudden incapacitation and that has a moderate or high risk of recurrence. Due to:

Seizure

Alcohol/Drug Withdrawal
 Epilepsy
 Stroke
 Other (specify) _____

Syncope

Single episode not yet diagnosed
 Recurrent episodes
 Heart disease with pre-syncope/syncope/arrhythmia

CVA resulting in (check all that apply)

Physical Impairment
 Cognitive Impairment
 Visual Field Impairment

Other

Narcolepsy with uncontrolled cataplexy or daytime sleep attacks
 Obstructive sleep apnea – Untreated or Unsuccessfully Treated with Apnea-hypopnea index (AHI) of greater than or equal to 30 with daytime sleepiness
 Hypoglycaemia requiring intervention of third party or producing loss of consciousness
 Uncontrolled diabetes or hypoglycaemia
 Other (specify) _____

Motor or Sensory Impairment

A condition or disorder resulting in severe motor impairment that affects: coordination, muscle strength and control, flexibility, motor planning, touch or positional sense. Due to:

Neurological Disease (specify) _____ Spinal Cord Injury Loss of Limb
 Other (specify) _____

Visual Impairment

Best corrected visual acuity below 20/50 with both eyes open and examined together
 Visual field less than 120 continuous degrees along the horizontal meridian, or less than 15 continuous degrees above and below fixation, or less than 60 degrees to either side of the vertical meridian, including hemianopia.
 Diplopia within 40 degrees of fixation point (in all directions) of primary position, that cannot be corrected using prism lenses or patching.

Substance Use Disorder

A diagnosis of an uncontrolled substance use disorder, excluding caffeine and nicotine, and patient is non-compliant with _____

Substance Use Disorder

A diagnosis of an uncontrolled substance use disorder, excluding caffeine and nicotine, and patient is non-compliant with treatment recommendations.

Alcohol Other Substances (specify) _____

Psychiatric Illness

A condition or disorder currently involving any of the following: acute psychosis, severe abnormalities of perception, or patient has a suicidal plan involving a vehicle or an intent to use a vehicle to harm others.

Due to: _____

Part 4. Discretionary Report of Medical Condition or Impairment

Please describe condition(s) or impairment

5108E (2022/11)

Save Form

Print Form

Clear Form

Page 2 of 2

Part 3 & 4 – MCR sample: Cognitive

Patient Information

| | | | |
|------------------|--------------------|---------------------|--|
| Last Name Doe | First Name John | Middle Initial S | Date of Birth (yyyy/mm/dd) 1957/01/29 |
|------------------|--------------------|---------------------|--|

Part 3. Medical Condition or Impairment (Check all that apply)

Cognitive Impairment

A disorder resulting in cognitive impairment that affects attention, judgement and problem solving, planning and sequencing, memory, insight, reaction time or visuospatial perception, and results in substantial limitation of the person's ability to perform activities of daily living. **Due to:**

Dementia Brain Injury / Tumour Unknown Other (specify) Cognitive Impairment

Sudden Incapacitation

A disorder that has a moderate or high risk of sudden incapacitation, or that has resulted in sudden incapacitation and that has a moderate or high risk of recurrence. **Due to:**

Seizure

Alcohol/Drug Withdrawal
 Epilepsy
 Stroke
 Other (specify) _____

Syncope

Single episode not yet diagnosed
 Recurrent episodes
 Heart disease with pre-syncope/syncope/arrhythmia

CVA resulting in (check all that apply)

Physical Impairment
 Cognitive Impairment
 Visual Field Impairment

Other

Narcolepsy with uncontrolled cataplexy or daytime sleep attacks
 Obstructive sleep apnea – Untreated or Unsuccessfully Treated with Apnea-hypopnea index (AHI) of greater than or equal to 30 with daytime sleepiness
 Hypoglycaemia requiring intervention of third party or producing loss of consciousness
 Uncontrolled diabetes or hypoglycaemia
 Other (specify) _____

Motor or Sensory Impairment

A condition or disorder resulting in severe motor impairment that affects: coordination, muscle strength and control, flexibility, motor planning, touch or positional sense. **Due to:**

Neurological Disease (specify) _____ Spinal Cord Injury Loss of Limb
 Other (specify) _____

Visual Impairment

Best corrected visual acuity below 20/50 with both eyes open and examined together
 Visual field less than 120 continuous degrees along the horizontal meridian, or less than 15 continuous degrees above and below fixation, or less than 60 degrees to either side of the vertical meridian, including hemianopia.
 Diplopia within 40 degrees of fixation point (in all directions) of primary position, that cannot be corrected using prism lenses or patching.

Substance Use Disorder

A diagnosis of an uncontrolled substance use disorder, excluding caffeine and nicotine, and patient is non-compliant with treatment recommendations.

Alcohol Other Substances (specify) _____

Psychiatric Illness

A condition or disorder currently involving any of the following: acute psychosis, severe abnormalities of perception, or patient has a suicidal plan involving a vehicle or an intent to use a vehicle to harm others.

Due to: _____

Part 4. Discretionary Report of Medical Condition or Impairment

Please describe condition(s) or impairment

Short term memory loss; difficulty with divided attention, impaired executive functioning (problem solving, planning, judgement), lack of insight into cognitive abilities. MoCA Version 8.1 - 18/30.

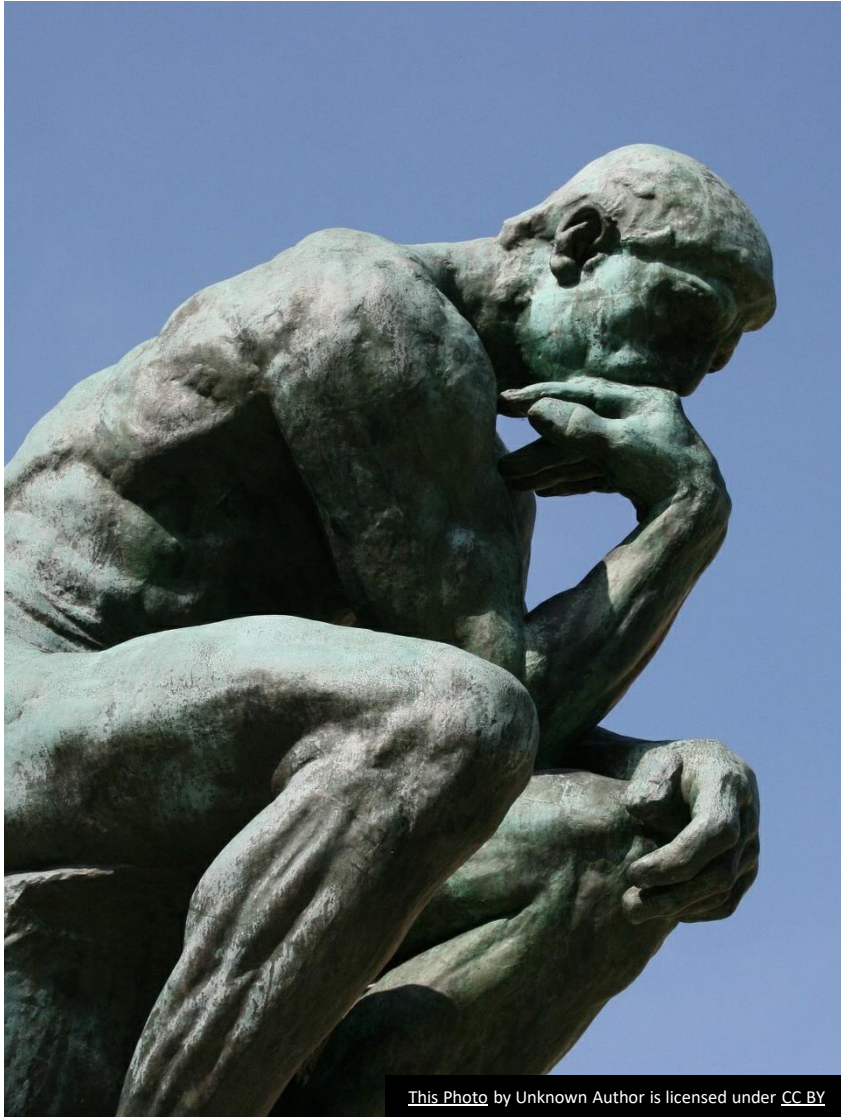
5108E (2021/02)

Save Form

Print Form

Clear Form

Page 2 of 2



Does an OT need to document their decision not to make a discretionary report?

Justify rationale for decision

COTO, 2024, 2018

[Home](#) > [Driving and roads](#) > [Driver's licence](#)

Medical review for Ontario drivers

Learn about medical and vision standards and tests for non-commercial drivers with and M licences.

<https://www.ontario.ca/page/medical-review-ontario-drivers>

On this page

1. [Basic medical standards](#)
2. [Vision standards](#)
3. [Medical reports and licence suspensions](#)
4. [Reinstating a licence](#)
5. [Appeal a medical suspension or downgrade of your licence](#)
6. [Functional assessments](#)
7. [Approved Functional Assessment Centres for drivers](#)
8. [Driver medical review online services](#)
9. [Contact us](#)

Related

- [Reporting a driver for medical review](#)
- [Medical, vision and hearing standards for commercial drivers](#)
- [Licence Appeal Tribunal](#)
- [DriveTest](#)
- [Ontario Statutes and Regulations](#)
- [Canadian Medical Association](#)
- [Canadian Council of Motor Transport Administrators](#)
- [Canadian Driving Research](#)

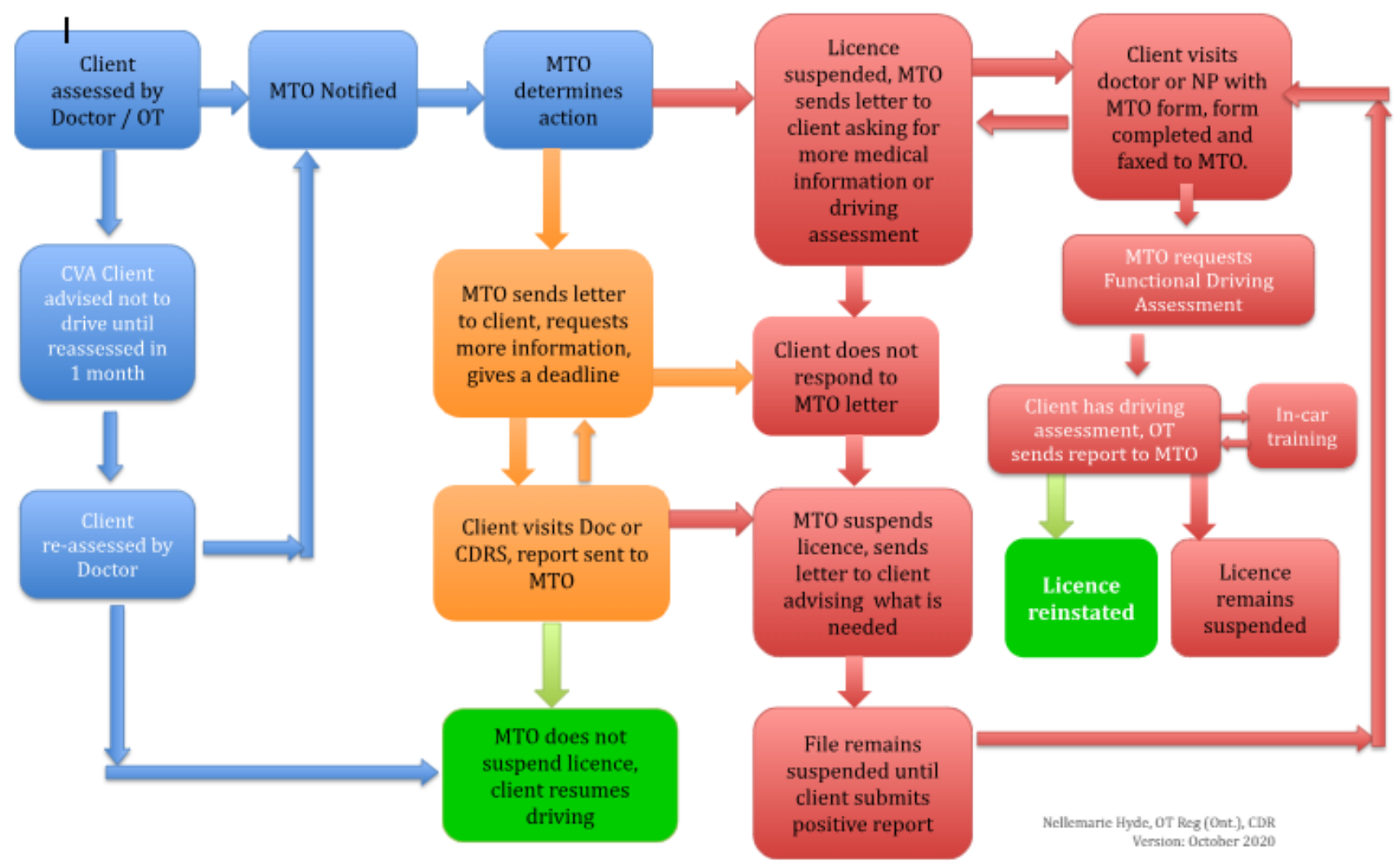


Navigating the MTO Process


- <https://www.ontario.ca/page/medical-review-ontario-drivers>



MTO Process



Example: notice of suspension of suspension

 Ministry of Transportation
Driver Improvement Office
Driver Control Section
77 Wellesley Street West, Box 671
Toronto ON M7A 1N3

Ministère des Transports
Bureau de perfectionnement en conduite automobile
Section de la surveillance de la conduite automobile
77, rue Wellesley Ouest, C.P. 671
Toronto ON M7A 1N3

**Notice of Suspension
Driver's Licence
Avis de suspension
permis de conduire**

Tel. (416) 235-1773
Tél. 1-800-268-1481
Suspension No. / N° de suspension

Date 2016/09/22

Reference or Driver's Licence Number
N° de référence ou du permis de conduire

[Redacted]

Date of Birth / Date de naissance Y/A M/DJ Sex / Sexe

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

23

YOUR DRIVER'S LICENCE IS SUSPENDED UNDER SECTION 47(1) OF THE HIGHWAY TRAFFIC ACT EFFECTIVE OCT. 1, 2016 . DRIVER'S LICENCE SUSPENSIONS WILL ALSO AFFECT YOUR COMBINED PHOTO CARD, KNOWN AS AN ENHANCED DRIVER'S LICENCE (EDL), IF YOU ARE AN EDL HOLDER.

EN VERTU DU PAR. 47(1) DU CODE DE LA ROUTE, VOTRE PERMIS DE CONDUIRE EST SUSPENDU À COMPTER DU 1ER OCT. 2016 . LA SUSPENSION DE VOTRE PERMIS DE CONDUIRE AURA AUSSI DES RÉPERCUSSIONS SUR VOTRE CARTE-PHOTO COMBINÉE, CONNUE SOUS LE NOM DE PERMIS DE CONDUIRE PLUS (PC PLUS), SI VOUS EN ÊTES TITULAIRE.

REASON: EVIDENCE OF MEDICAL CONDITION THAT WOULD AFFECT YOUR ABILITY TO SAFELY OPERATE A MOTOR VEHICLE.

MOTIF : TROUBLE DE SANTÉ POUVANT NUIRE À VOTRE CAPACITÉ DE CONDUIRE UN VÉHICULE AUTOMOBILE EN TOUTE SÉCURITÉ.

YOUR DRIVER'S LICENCE WILL BE REINSTATED WHEN YOU FILE A SATISFACTORY MEDICAL REPORT.

VOTRE PERMIS DE CONDUIRE SERA REMIS EN VIGUEUR LORSQUE VOUS AUREZ SOUMIS UN RAPPORT MÉDICAL SATISFAISANT.

STOP DRIVING. YOU MUST NOT DRIVE WHILE YOU ARE SUSPENDED. YOU MUST RETURN YOUR DRIVER'S LICENCE TO THIS MINISTRY. READ THE BACK OF THIS NOTICE FOR MORE INFORMATION.

CESSEZ DE CONDUIRE. VOUS NE DEVEZ PAS CONDUIRE PENDANT QUE VOTRE PERMIS EST SUSPENDU. VOUS DEVEZ RETOURNER VOTRE PERMIS DE CONDUIRE AU MINISTÈRE. POUR EN SAVOIR PLUS, LISEZ LE VERSO DU PRÉSENT AVIS.

This form must be completed by a physician or nurse practitioner and based on information that has been obtained within the last three months. The cost for the completion of this form by your health care provider is the patient's responsibility and not a benefit of the Ontario Health Insurance Plan (OHIP) or the Ministry of Transportation.

Fax completed assessments to: 416-235-3400 or 1-800-304-7889 or mail completed assessments to: Ministry of Transportation, Driver Medical Review Office, 77 Wellesley Street West, Box 589, Toronto ON M7A 1N3.

Please note, you may want to keep a copy of this form for your records.

Part 1 – Patient Information (to be completed by patient)

| | | | |
|--|------------------|---|---------------------|
| Driver's Licence Number (if available) | | Class of Licence | MTO Case Number |
| Last Name | | First Name | Middle Name/Initial |
| Date of Birth | Telephone Number | | |
| Unit Number | Street Number | Street Name or Lot, Concession and Township | |
| City/Town | Province | Postal Code | |

Part 2 – Patient Medical History and Present Condition

Please check all applicable answers to the best of your knowledge.

- What is the patient's primary diagnosis?
 - Transient ischemic attack (TIA) / Cerebrovascular accident (CVA) / Stroke
 - Cerebral Aneurysm / Subarachnoid Hemorrhage
 - Arteriovenous Malformation (AVM)
 - Intracranial Tumour / Traumatic Brain Injury / Neurological Disorders (e.g., Multiple Sclerosis, Parkinson's Disease, Cerebral Palsy).
- Is surgical treatment recommended? Yes No
 If Yes checked , has the driver had surgical treatment for this condition? Yes No
 If Yes checked , how long has it been since the surgery?
 Less than 3 months 3 to 6 months Greater than 6 months
- Has the underlying cause been stabilized or has resolved with or without appropriate treatment? Yes No
- Does the patient have any of the following significant functional impairments/symptoms?
 - Visual acuity impairment
 - Visual field impairment
 - Physical impairment (e.g., motor coordination – gait, stability)
 - Cognitive impairment or limitations (e.g., attention, judgement, memory)
 - Seizure related to this condition. If checked , proceed to Questions a and b below.
 - a. When was the seizure?
 - Less than 3 months ago
 - 3 to 6 months ago
 - 6 to 12 months ago
 - Greater than 12 months ago

- b. Was this the patient's first seizure? Yes No
 If Yes checked , for epilepsy/seizure disorder and the patient is a non-commercial driver, national medical standards allow for a reduced seizure free period of three months on recommendation from the treating physician or nurse practitioner. Do you support a reduced waiting period for this patient? Yes No
 If No checked , does the patient have epilepsy/seizure disorder? Yes No
5. Does the patient require a functional driving assessment? Yes No Unknown
 A functional driving assessment is a comprehensive in-clinic and on-road assessment at the patient's expense, conducted by an occupational therapist and driving instructor to evaluate the impact of a medical condition on driving ability.
6. Has the patient completed a functional driving assessment within the last six months as a result of this condition? Yes No Unknown
 - a. Was the result of the assessment Pass Fail Lessons recommended Road Test Recommended
 - b. Did the occupational therapist recommend the use of adaptive equipment? Yes No Not Applicable
 If Yes checked , please specify:
 - Hand controls
 - Steering wheel spinner knob
 - Gas pedal on left side
 - Other _____

Part 3 – Comments

Part 4 – Practitioner's Information

- I am this patient's: Physician Nurse Practitioner Specialist (specify) _____
- I have provided my patient or their legal representative with a copy of this report. Yes No
- I approve of the ministry releasing this report to the patient or their legal representative if requested. Yes No
- I wish to be notified if my patient requests a copy of this report from the ministry, as releasing this report may threaten the health or safety of the patient or another individual. Yes No

An example of the Medical forms that a doctor may need to complete.

If the doctor does not complete the form, then the client is **STUCK** and not able to proceed in the MTO process.

The forms are sent to the client from the MTO and have client specific identifiers on them.

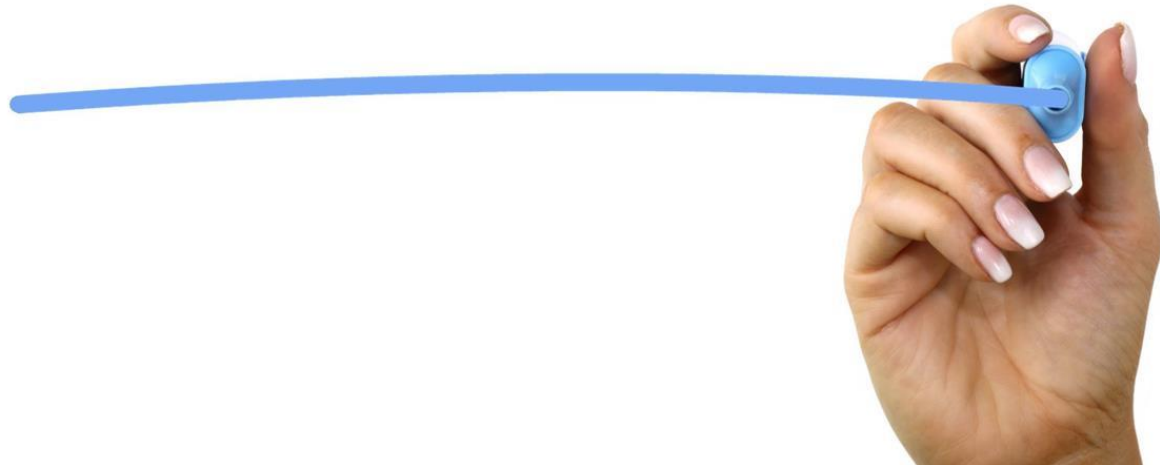
| CDE | Ministry Driver Testing | Over 80 MTO Testing |
|---|--|--|
| OT & DI (Time: ~3 hrs) | MTO Personnel (Time: 20-30 min.) | MTO Personnel (no medical training) |
| Our Dual-brake vehicle | Driver's own vehicle | Very few go on-road |
| FULL OT Assessment (Standardized tools, functional assessment) | Vision Test Knowledge Test | 30-minute seminar Clock drawing, Letter cancellation, but... |
| Graded approach | No Grading | No grading of on-road test |
| In Ontario Cost: \$650-\$1000 | G2 Road Test: \$125.00 | No cost |
| Recommend Assistive Device, Re-training | Focus strictly on driving ability (with or without equipment) | Only catches the most impaired drivers |

Driving Assessment Process

1. What is the process for going through a functional driving assessment?
2. What off road assessments are included? Are they aphasia friendly?
3. Describe vision waiver program
4. What is the evidence-based standard for therapy offered?
5. How can we support our patients to prepare for functional driver's evaluation?
6. How can we ensure that the driving centres are aphasia and apraxia friendly?

What is a functional driving assessment?

ASSESSMENT



Same thing as

- comprehensive driving evaluation,
- driving assessment for fitness to drive

Is NOT just a road test (“3-part test”) to see if individual know rules of the road

Needed because of the medical condition individual may have

Completed by professional who has medical background OT/CDRS and professional who knows the law/rules of the road – Driving Instructor

What happens during an assessment?



Two main parts to the assessment

- “in office” or clinical assessment ~ 2 hours (with the OT)
- “in car” or “behind-the-wheel” or “on-road” assessment ~ 1 to 1.5 hours (with OT and DI)

What happens during the clinical portion of the evaluation?



Medical history



Medications & side effects



Vision screening



Driving history



Evaluate abilities:
physical, cognitive,
perceptual, behavioural



Knowledge of rules of
the road

What happens on road?



Takes place with an occupational therapist and a driving instructor

Evaluation vehicle used: brake on passenger side, safety requirement

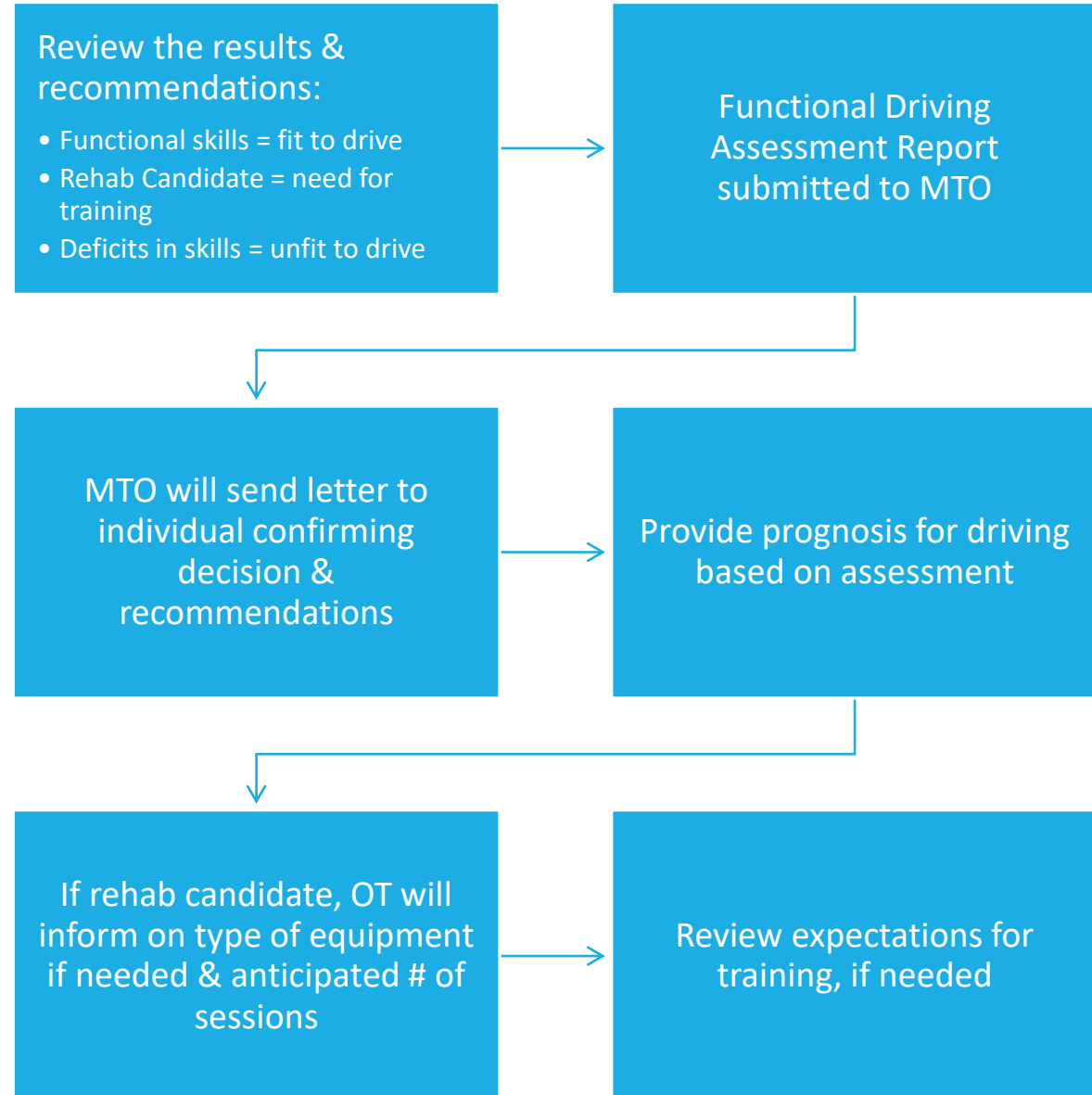
Orientation of cockpit, demo of adaptive equipment, if needed

Progressive, graded standardized route from parking lot to highway

Evaluate driving skills, decision-making, interaction with traffic

Knowledge of rules of the road

What happens at the end of the evaluation?



What else happens at the end of the assessment?



Provide education on vehicle/mobility equipment options



Provide list of vehicle modifiers and/or mobility equipment dealers in area



Help explore funding options



What happens during on road training sessions?

- Graded treatment plan by OT – delegated to DI
- Sessions in instructor's vehicle usually
- Usually only with instructor; OT oversees training
- Develop skill in using compensation strategies and/or adaptive driving controls on all road types and in various traffic situations

How many hours of training is needed?

of lessons depends on driving experience, the strategies or type of adaptive driving controls, diagnosis (are cognitive problems present?)

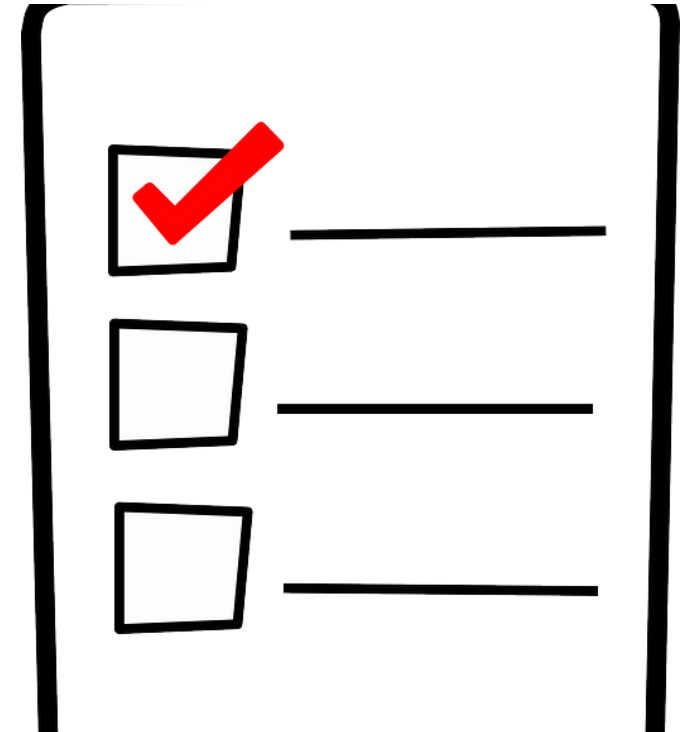


On average , expect ~ 10+ hours for hand controls if experienced driver

What happens during the reassessment?

- OT & DI – progress or final assessment following treatment
- Typically, 35-45 minutes of driving
- Standardized route
- Various road types and traffic situations

- OT assesses:
 - Competent use of strategies and/or adaptive driving controls
 - Cognitive skills (attention, focus, decision making etc.) to ensure 'medically fit to drive'



What are the next steps once reassessment with equipment done?

If successful, prescription done, equipment can be installed into client's vehicle by a reputable vehicle modifier



Final fitting / 'vehicle check-out' may take place in client's own vehicle

Steering Aids



Acceleration / Braking Devices





Other equipment needs

Supplementary mirrors

Mechanical extended signal indicator

Transfer aids – straps, grab bars

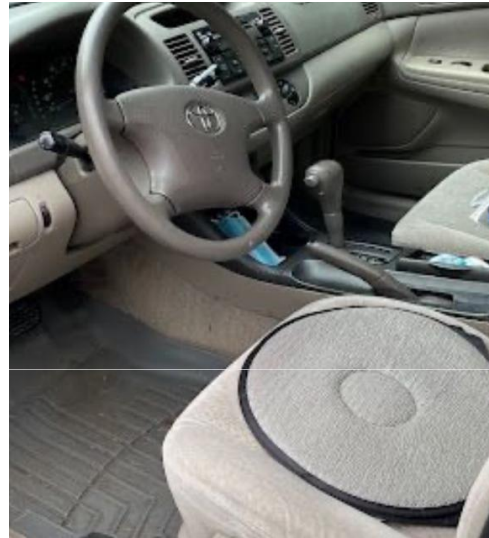
Reduced effort steering devices

Wheelchair or scooter lifts

Modified vans & high technical equipment


What can you do in your role to support your clients?

Transfer aids
Internal lifts
External lifts



Referral Process



| | | | |
|--|----------------------|------------------|---------------|
|  | | | |
| REFERRAL FOR DRIVING EVALUATION Occupational Therapy – REHABILITATION CENTRE | | | |
| NOTE: PLEASE ENSURE THE CLIENT IS AWARE THAT THERE IS A FEE CHARGED FOR THE EVALUATION | | | |
| Date of referral | Patient | Date of Birth | |
| Address | | Home phone | Other phone |
| Health Card no. | Driver's licence no. | Contact person | Telephone no. |
| Referring physician | Telephone no. | Family physician | Telephone no. |
| Has this driver's license been suspended for medical reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| BRIEF HISTORY (INCLUDING PRIMARY AND SECONDARY DIAGNOSES): | | | |
| | | | |
| | | | |
| | | | |
| History of seizures: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last seizure: | | | |
| SUMMARY OF PHYSICAL AND/OR COGNITIVE DEFICITS: | | | |
| | | | |
| | | | |
| | | | |
| ADDITIONAL INFORMATION AND CONCERN: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| MEDICATIONS: | | | |
| | | | |
| | | | |
| For questions regarding the program please call 613-737-8899 ext 75359 . Please send any relevant information including diagnostic reports, discharge summaries and neuropsychological reports. | | | |
| FAX COMPLETED FORM TO THE OTTAWA HOSPITAL REHABILITATION CENTRE ADMITTING DEPARTMENT AT 613-737-6115 | | | |

Referral Content

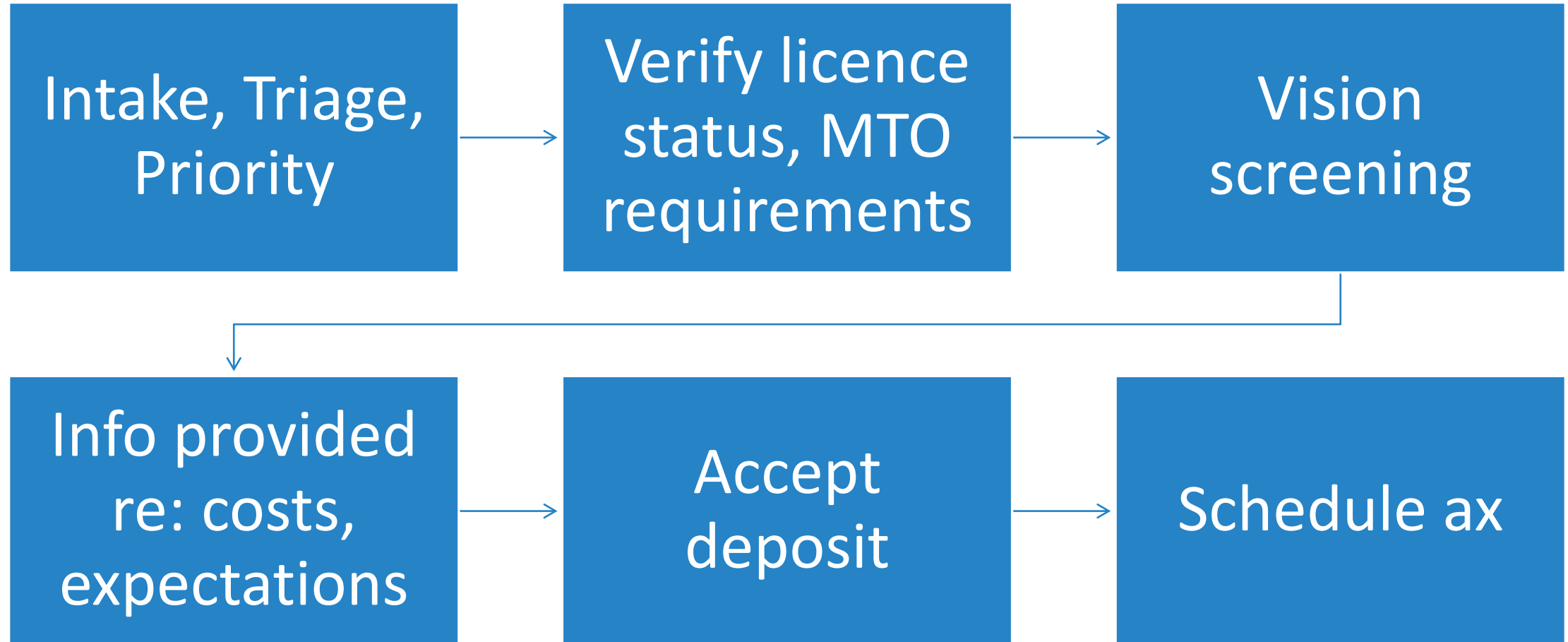
External – referral form

Internal – Epic outpatient referral

What do I want on referral:

- Whether MTO notified
- Urgency of referral
- Medical condition
- Nature of referral

Steps once Referral received



Status of licence

Valid – G1, G2, G

Expired


Suspended < 3 years

Suspended > 3 years

Unlicenced

Determining Licence Status

The screenshot shows the 'Driver's Licence Check' page on the Ontario government website. The page is in English (EN) and features a dark background with a blurred image of a car's interior. The main heading is 'Driver's Licence Check'. Below it, there is a brief description of the service. The page is divided into two columns: 'You will need,' and 'You will get,'. The 'You will need,' section lists 'Driver's Licence Number(s)' and 'Your Contact Information'. The 'You will get,' section includes a checkmark icon, a description of the information provided, a link to 'View Sample Results', and a note about privacy protection. A blue button at the bottom right says 'Check Driver's Licence Status'. There is also a small disclaimer at the bottom left regarding commercial operators/drivers.

io  EN FR

Driver's Licence Check

Use this service to obtain information on the status of an Ontario Driver's Licence.

You will need,

- Driver's Licence Number(s)
- Your Contact Information

You will get,

- ✓ The status of the driver's licence including specific licensing conditions.

[View Sample Results](#)

For privacy protection, driver's personal information is not included.

[Check Driver's Licence Status](#)

Commercial operators/drivers: This service does not provide information on licence class or any other endorsements/restrictions. For more information, you can obtain a driver's record.

<https://www.dlc.rus.mto.gov.on.ca/>

Free

Client can check or health professional can check, with consent

Need DL #

Licence Check Results

Ontario 

EN FR

One Licence Check

Multiple Licences Check

Please see sample results below.

You may print, download or email the results for your records.

Order Number: 2007811

Monday, March 18, 2019 at 3:52:51 PM EDT

Check **Results**



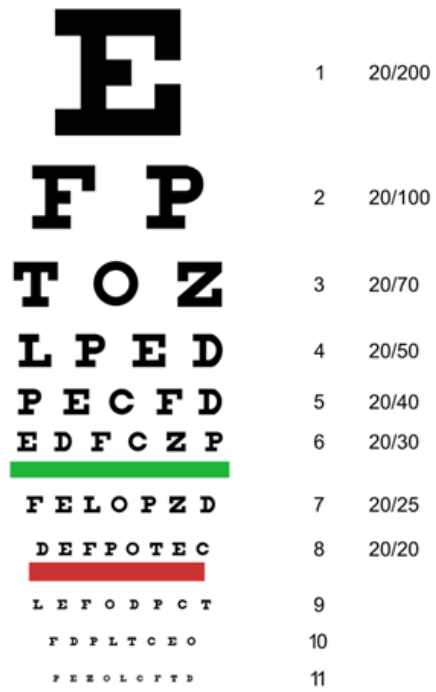
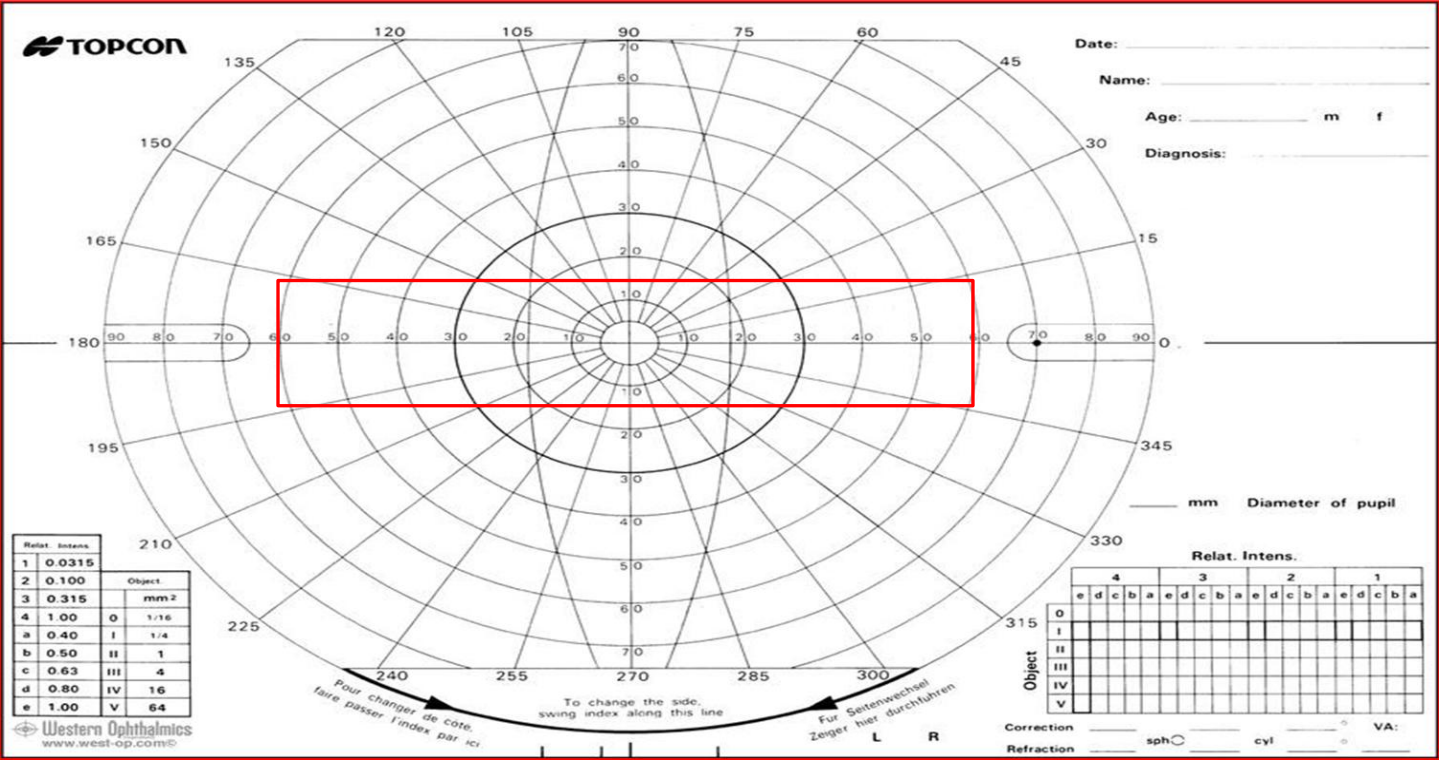
Valid

R2468-02468-02411

The driver's licence is not suspended, cancelled or expired. The driver is allowed to operate the type of vehicle for which they are licensed.

To verify if licence valid

Vision requirements must be met



What is Vision Waiver?

If requirements for vision acuity not met = no driving

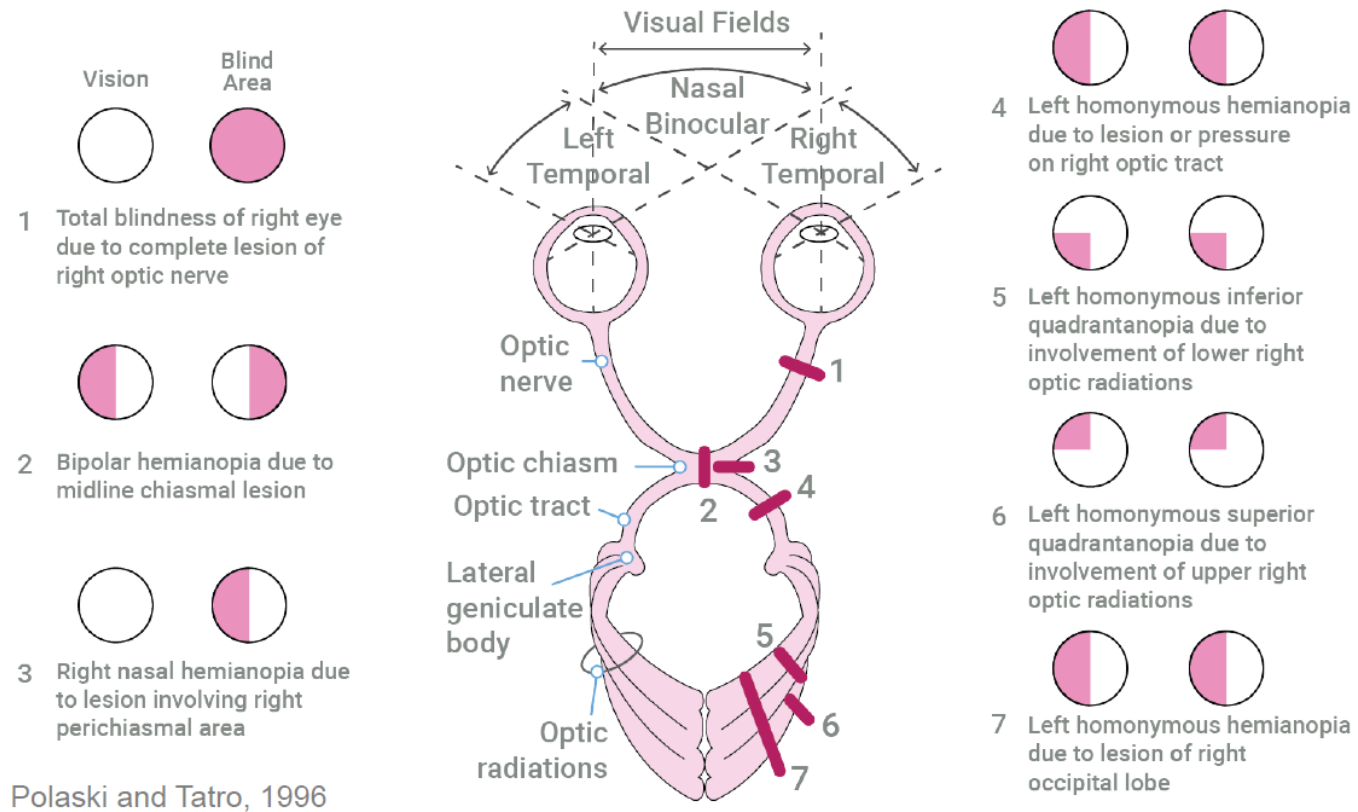
If requirements for peripheral field not met, may qualify for vision waiver program

- Taught and learn different compensatory strategies
- need to go through vision waiver protocol to be assessed for fitness to drive

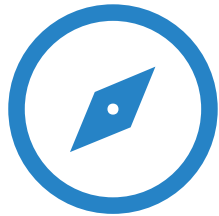
- Occipital lobe stroke:
 - homonymous hemianopsia: losing half of the visual field;
 - quadrantanopsia (quarter of the visual field)



Where the stroke occurs...



Preparing Your Patients



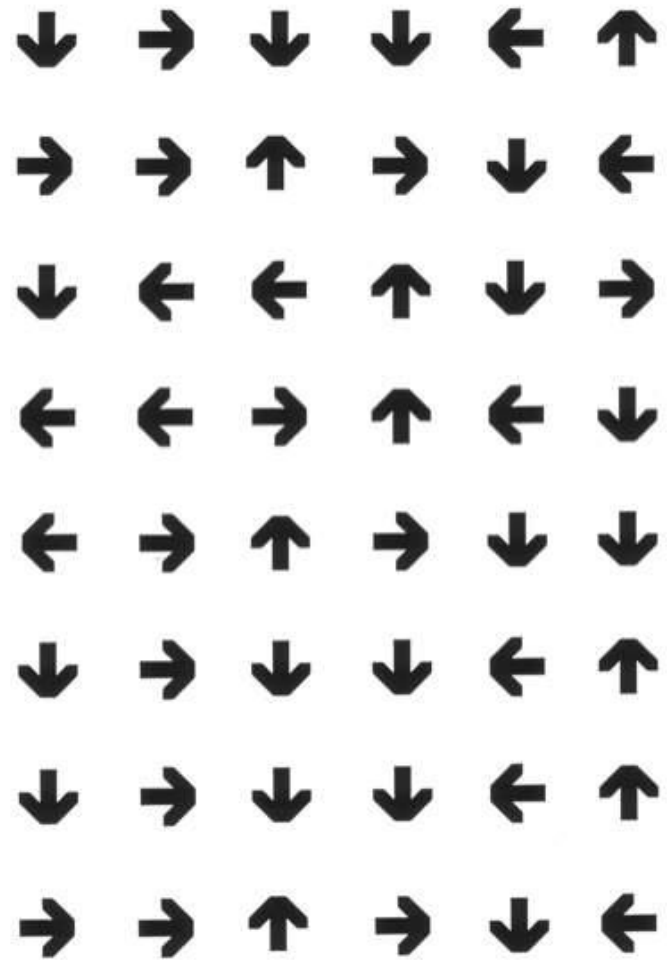
route finding and navigational skills



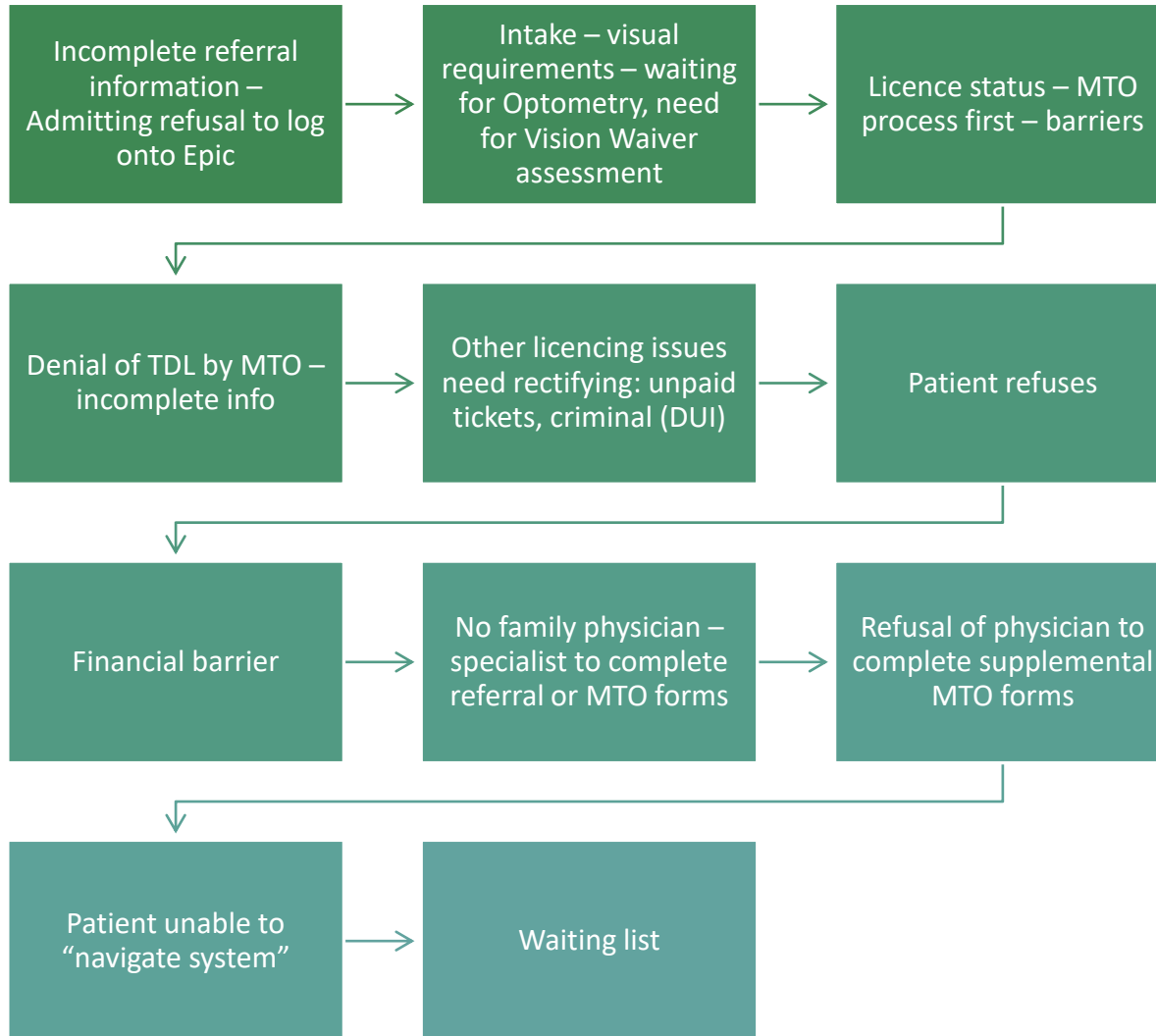
commentary driving as passenger to increase visual skills



scanning techniques that focus on remaining strengths




Head movement exercises



Barriers to processing referral

Priority 1

- MTO letter requesting FA
 - MTO with deadline (valid)
 - MTO Vision Waiver
 - MTO Medical – suspended = TDL
- TOH referrals
- Driving required for return to work
- Progressive medical condition – high risk
- Equipment versus no equipment
- Return to driving (over novice driver)
- Vehicle modification assessment



*PRIORITY #1

PRIORITY #2

PRIORITY #3

PRIORITY #4

Priority 2 & 3

Passenger assessment

Patients not known to
TOHRC

Re-assessments

Training only request



Wait list status



Priority wait list



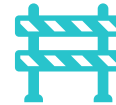
75
(25 awaiting triage: 33
incomplete
information; 17
pending ready to
schedule)



**Scheduling into
February March and
April**



**Active on caseload –
receiving training – 10**



Barriers

Referral Rejections

Severe behavioural problems (agitation, aggression, violence)

Not licenced & not able to become a licenced driver

Financial restriction

Not resident of Ontario (i.e., Quebec)

Patient refuses to complete assessment – does not provide consent

Patient goes elsewhere for assessment

Duplicate referrals

REJECTED



Navigating the barriers/pitfalls

Provide as much information on Medical Condition Report when notifying MTO

- if patient must have further medical info (forms completed)
- And/or is without a PCP and/or you have discharged or not have follow up for >6 months or year,
- delays process for patient in being assessed for fitness to drive



This Photo by Unknown Author is licensed under [CC BY-SA](#)

Advocating no driving

Transitioning to non-driver



It's a Journey

Preparation for the journey

Measured expectations

Reaching destination may take longer than anticipated – be patient

Some people are not able to make the trip

Alternative Mobility Options

Creative strategies are used to help clients to access alternative mobility options when they should no longer drive

- Examples include

- Use of public transit, disability or senior services

- Use of other mobility services

- Private transportation services, chauffer, taxi, and sedan services

- Use of grocers, pharmacies, etc... that provide home delivery

- Use of the internet for shopping and deliveries

- Use of home services: beautician, barber, manicurist, pet grooming



Are they ready?

Managing expectations: Costs

Cost of driving assessment:

- TOHRC: \$900 (private pay); higher for 3rd party
- Other FAC: range from \$750 to \$1000+

Cost of training: expect minimum of 10+ hours(G), 15-20+ (G1/novice) (with/without equipment)

- TOHRC: \$160/on road session (45 min)
- Other FAC: Ranges from \$150 to \$180/session

On Road re-assessment following training

- TOHRC: \$475
- Other FAC: range from \$450 to \$500+
- Equipment Purchase & Installation
 - Ranges from \$1,500 to \$15,000 or more
- Final fitting (Check out) following install
 - TOHRC: \$450
 - Other: \$425 to \$450

Predictors of Driving Ability Following Stroke:

CIRS

functional independence measure (FIM)

motricity index (MI)

modified Rankin scale (mRS)

reintegration to normal living index (RNLI)

self-rated health

SF-36 physical function, memory, hand, mobility

strength of stroke impact scale (SIS)

symbol digit modalities test (SDMT)

trail-making test (TMT)

Hwang & Song, 2023.
<https://doi.org/10.3390/healthcare11111637>

Potential Predictors of Resuming Driving



Attention



Independence in
daily activities



Not recalling being
told to stop driving



Paid employment



Visuospatial skills



Psychomotor
speed

Hwang & Song, 2023

Scoping Review – Aphasia & Driving

Scoping review – Australia

- Unclear whether aphasia impacts fitness-to-drive
- Face barriers:
 - uncertainty regarding role of language in driving
 - Poor awareness and knowledge of aphasia
 - Communication demands in the patient-journey and assessment

Conclusion: evidence is limited, inconsistent, and lacking in quality, lack of guidelines to support clinical practice.

Wallace, H. E., Gullo, H. L., Copland, D. A., Rotherham, A., & Wallace, S. J. (2024). Does aphasia impact on return to driving after stroke? A scoping review. *Disability and Rehabilitation*, 46(25), 5977–6000. <https://doi.org/10.1080/09638288.2024.2317989>

Challenges with assessment: aphasia

Must retain, understand and follow often complex task instructions with multiple steps or rules

- Receptive language skills may impact test performance
- Where a verbal response is required, expressive language difficulties may prevent a person from conveying their answer successfully, thereby influencing task performance
- Both receptive and expressive language deficits observed in aphasia may confound performance in off road driving assessments.
 - the assessment process (on road) requires language skills which may not be needed in everyday driving
- Wallace et al (2024) scoping review



Potential impacts: aphasia on driving

Drivers benefit from intact language functioning

- to read and understand road signs
- potentially communicate with law enforcement
- understand oral or visual instructions
- read and understand driving laws
- and pass written driving examinations]

Wallace et al, 2024



Assessment/Screening Tools

1. What screening tools and assessments should we use to make recommendations regarding returning to driving post stroke?

- What screening tools should we focus on using in acute care setting?
- What is recommended when a patient has aphasia and screening tests aren't appropriate?
- What cut off scores are used (i.e., Trails)
- Assessments for sensory impairments
- Assessments for testing patient's insight and judgement?
- What screening tools should we use in home care setting to provide guidance in determining if further testing is required/ reporting to Ministry if required?
- What to do when someone declines an assessment, but concerns exist?

Screening Tools



Does the client drive?

Yes

Screen for problems/interview/review

Screen for problems – test/observe

No

Discuss alternate modes of transportation

Screening – Where to Start



Initial interview - client/family

Does the client have a valid driver's licence?
Does the client drive or want to drive?



Screening Tools/Assessments

Formal and Informal
Battery of Tests

The Interview – Driving History

- What do they use a car for? (Where? When? & How often?)
- Family/Friends concerned about driving?
- Are they concerned about their own driving?
 - For example, problems at intersections?
- Any problems with getting lost using normal routes?
- What about losing vehicle in a parking lot?
- Collisions / Near – misses/driving tickets/violations?



Other Red Flags

Needing a co-pilot

Near-misses with vehicles/pedestrians

Increased traffic tickets or warnings

Confusing the gas and brake

Missing stop signs/red lights/exits; stopping at green lights

Inappropriate driving speeds (too fast/slow)

Not observing during lane changes/merging

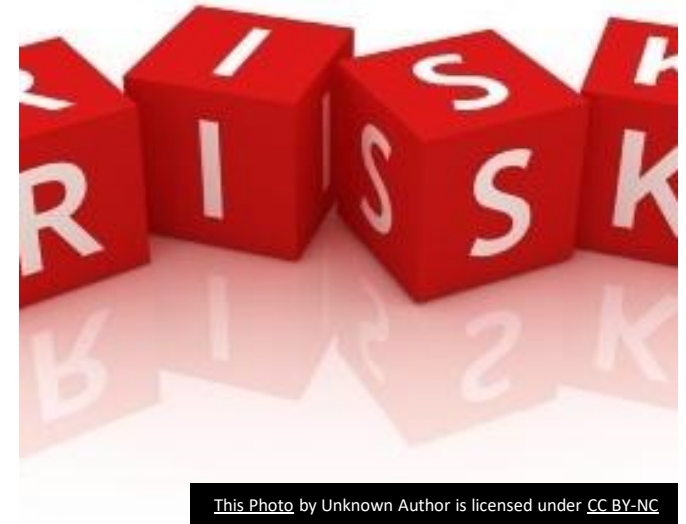
Others honking/irritated with the driver

Friends or relatives reluctant to drive with the older driver - the “child safety question”



Risk Factors – What is Your Role?

- Evaluating ADL & IADL function
 - Decline or deficit in ADL and/or IADL function can be an indicator of driving risk
- Understanding functional implications of medical condition on IADL function & driving performance
- Assess performance to inform potential functional implications on driving
- Understand implications of outcomes of assessments in terms of driving risk



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What the Evidence says...



Appraised studies that used office-based tests to predict behind-the-wheel performance (Vrkljan et al, 2011)

- Of 42 tests, 17 had evidence of actual on road risk
- Strong psychometric properties, but cut-off scores needed
- Face validity is key (Traffic Signs, Videos) – limited evidence

- **Caution warranted in using any one test to determine medical fitness to drive!**

- Lee & Molnar, 2017, Dickerson & Bédard, 2014; Molnar et al, 2006; Bédard et al, 2008; Classen et al., 2011; Bédard & Hogan, 2011; Vrkljan et al, 2011; Asimakopulos et al, 2011



Task Analysis & Screening Tests



Motor Skills

Power, coordination, range of motion of neck and limbs
(adequate to operate car?)

Rapid Pace Walk (> 7 seconds → Red Flag)



Sensation

(can they feel the gas/brake pedals?)



Cognition / Visual Perceptual

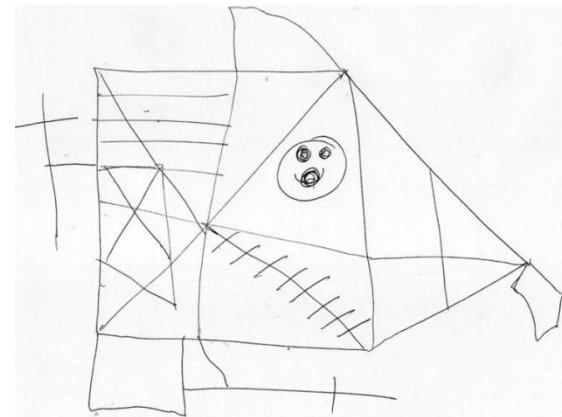
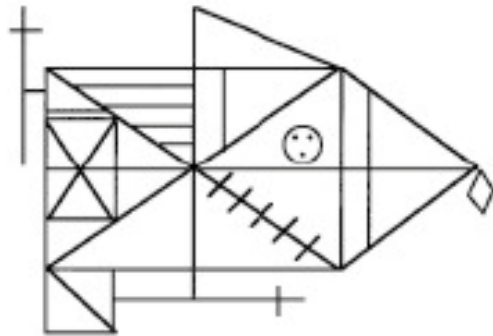
Visual Perception (MVPT) – but no cut-offs!
Attention, insight, judgment, planning skills
Clock-Drawing, MMSE (WORLD & Drawing),
Trail-making tests A & B

(Vrkljan et al., 2011)

Systematic Reviews (Stroke & Driving)

Screening tests that cross multiple, cognitive domains are the BEST predictors of driving ability post-CVA

- Trail Making A and B
- Rey-Osterrieth Complex Figure Design
- Useful Field of View Test (UFOV)



(Mathias & Lucas, 2009;
Marshall et al., 2007)

Trails A & B Cut off – the ‘3 or 3 rule’

BE CRITICAL

Trails A – information processing/visual scanning
Trails B – dual attention (cognitive flexibility)

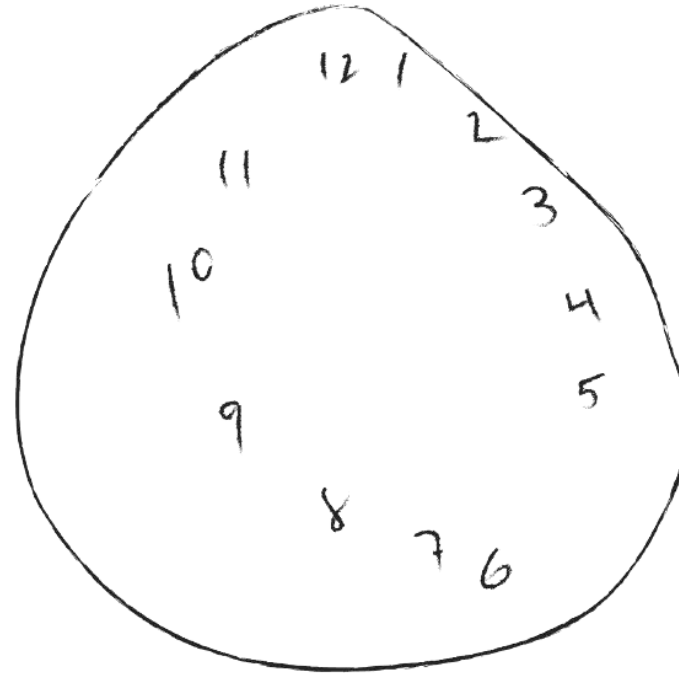
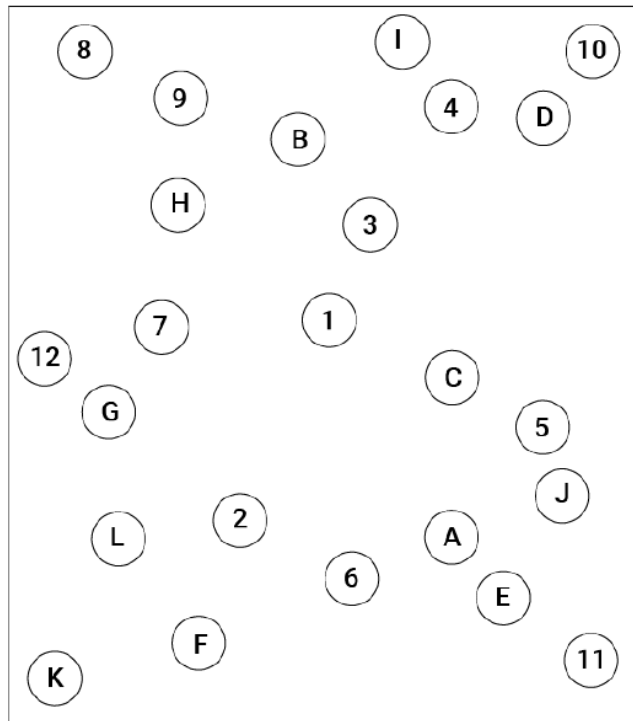
Trails A: > 2 minutes or 2 errors
Trails B: > 3 minutes or 3 errors → History of Crash
predictive value high

Choi et al, 2016; Roy & Molnar, 2013



Cognitive Perceptual Screen

Trail Making (Part B)



Picture courtesy of Barbara Freund, PhD, Eastern Virginia Medical School



Cognitive Perceptual

- Trails A & B
- MMSE (Folstein) - Pentagons
- MoCA (<27) & predicting on-road performance (Kwok et al., 2010)
- Useful Field of View
- Clock Drawing (Freund Scoring)

Wallace et al, 2024; Zhu, 2020;
Wolfe and Lechockey (2016)

MoCA...as an example



MoCA = detect mild cognitive impairment (< score of 26 out of 30)
[median 25] **Sample:** mean age 73; 264 drivers older drivers (primary care clinics)

- Completed MoCA(+ Timed up & go; rapid pace walk; 4 m walk test)
- FTD (Fitness to Drive On Road evaluation) Test: Abnormal vs. Normal

Findings:

MoCA of <28, more likely to have abnormal FTD if older + mobility problems

Normal screens but still failed FTD were more likely to be female

High cut-off for the MoCA; was the only cognitive test used in study (Kandasmy et al., 2019)

To keep in mind

No single quick screen – holistic approach

- Address driving...part of ADL/IADL assessment
- Driving history...explore return to driving
- Review impairments & possible impact on driving ability
- Uncertainty - comprehensive driving evaluation



Don't Forget to Pack...

THINGS TO CONSIDER

How to best prepare the patient



Determine readiness to suggest referral



Collect/Provide all relevant information – complete screen for driving risk



File Medical Condition Report if needed



Clearly manage expectations

Process
Time commitment
Budget



Early discussions can help the person and their family to plan for the inevitable need to stop driving – the topic of driving cessation

OT Role/Responsibility

Complete pre-driving screening tests to assess whether the stroke has impacted parts of the brain that are used for driving

Share results with patient / family (and physician)

May send information to the MTO – but other options

Other ways to advocate and support the patient

Take away messages:

Know your role & responsibilities

Know your Options – risk decisions

Discretionary reporting - one option

Practice within own competence & limitations

Build your Toolkit & confidence to screen risk

No single test to screen risk

Be discerning with test scores and meaning

Be aware of resources



Q & A

DRIVINGREHAB@TOH.CA

Resources for the OT

Canadian Council of Motor Transport Administrators (2025). CCMTA Medical Standards for Drivers. CCMTA Determining Medical Fitness in Canada, Part 1: A Model for the Administration of Driver Fitness Programs. Retrieved from

<https://www.ccmta.ca/web/default/files/PDF/National%20Safety%20Code%20Standard%206%20-%20Determining%20Fitness%20to%20Drive%20in%20Canada%20-%20MAY%202025.pdf>

The CCMTA's Medical Standards for Drivers can be found online: <http://ccmta.ca/images/publications/pdf/Determining-Driver-Fitness-In-Canada-Final.pdf>

The CMA's Driver's Guide: Determining Medical Fitness to Operate Motor Vehicles (10th edition) can be found online: <https://joule.cma.ca/en/evidence/CMA-drivers-guide.html>

More Resources for the OT

CAOT

<https://caot.ca/site/aboutot/driving?nav=sidebar>

OSOT

[https://www.osot.on.ca/docs/practice_resources/Reading List Driver Reporting.pdf](https://www.osot.on.ca/docs/practice_resources/Reading_List_Driver_Reporting.pdf)

COTO

[Discretionary Reporting of Fitness to Drive, 2024 — The College of Occupational Therapists of Ontario](#)



Ministry of Transportation Resources

Ministry of Transportation

www.ontario.ca/driverimprovement

<https://www.ontario.ca/page/reporting-driver-medical-review>

Ontario Regulation 340/94: Drivers' Licences. www.ontario.ca/laws/regulation/940340

Ontario Regulation 38/18: Drivers' Licences. www.ontario.ca/laws/regulation/r18038

Medical Condition Report

[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/023-5108E~1/\\$File/5108E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/023-5108E~1/$File/5108E.pdf)

References – most recent

Hwang, S., & Song, C.-S. (2023). Driving Rehabilitation for Stroke Patients: A Systematic Review with Meta-Analysis. *Healthcare*, 11(11), 1637.

<https://doi.org/10.3390/healthcare11111637>

Wallace, H. E., Gullo, H. L., Copland, D. A., Rotherham, A., & Wallace, S. J. (2024). Does aphasia impact on return to driving after stroke? A scoping review. *Disability and Rehabilitation*, 46(25), 5977–6000. <https://doi.org/10.1080/09638288.2024.2317989>

Zhu, Y.; Zhao, S.; Fan, Z.; Li, Z.; He, F.; Lin, C.; Topatana, W.; Yan, Y.; Liu, Z.; Chen, Y.; et al. (2020). Evaluation of the Mini-Mental State Examination and the Montreal Cognitive Assessment for Predicting Post-Stroke Cognitive Impairment During the Acute Phase in Chinese Minor Stroke Patients. *Front. Aging Neurosci.*, 12, 236.

Other References

Edwards, J. D., Ross, L. A., Wadley, V. G., et al. (2006). The useful field of view test: normative data for older adults. *Arch Clin Neuropsychol*, 21:275–286.

Kandasamy, D., Williamson, K., Carr, D. B., Abbott, D., & Betz, M. E. (2019). The utility of the Montreal Cognitive Assessment in predicting need for fitness to drive (FTD) evaluations in older adults. *Journal of Transport & Health*, 13, 19-25.

Korner-Bitensky, N., Toal-Sullivan, D., & von Zweck, C. (2007b). Driving and older adults: Towards a national occupational therapy strategy for screening. *OTNow*, 9(4), 3-5.

Roy, M., & Molnar, F. (2013). Systematic review of the evidence for trails B cut-off scores in assessing fitness-to-drive. *Canadian Geriatrics Journal*, 16(3), 1-23.

Selander, H., Wressle, E., & Samuelsson, K. (2020). Cognitive prerequisites for fitness to drive: Norm values for the TMT, UFOV and NorSDSA tests, *Scandinavian Journal of Occupational Therapy*, 27:3, 231-239, DOI: [10.1080/11038128.2019.1614214](https://doi.org/10.1080/11038128.2019.1614214)

Tombaugh, T. (2004). Trail Making Test A and B: normative data stratified by age and education. *Arch Clin Neuropsychol*, 19:203–214.

Unsworth, C. A., Baker, A., Lannin, N., Harries, P., Strahan, J., & Browne, M. (2019) Predicting fitness-to-drive following stroke using the Occupational Therapy – Driver Off Road Assessment Battery, *Disability and Rehabilitation*, 41:15, 1797-1802, DOI: [10.1080/09638288.2018.1445784](https://doi.org/10.1080/09638288.2018.1445784)

Vrkljan, B. H., McGrath, C. E., Letts, L. J. (2011). Assessment tools for evaluating fitness to drive: a critical appraisal of evidence. *Can J Occup Ther*, Apr;78(2):80-96. doi: 10.2182/cjot.2011.78.2.3. Erratum in: *Can J Occup Ther*, 2020 Oct;87(4):240. PMID: 21560912.



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