

DRIVER REHABILITATION FOR VETERANS WITH DISABILITIES PROGRAM

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy, procedures, and guidelines for all matters regarding the Driver Rehabilitation Program for Veterans and Servicemembers with disabilities.
- 2. SUMMARY OF MAJOR CHANGES:** This directive is updated to clarify current practice in the field, specifically in the areas of program responsibility under specific leadership titles in VACO and the field. The directive also updates the new method of workload reporting that has been established since publication of the previous handbook.
- 3. RELATED ISSUES:** VHA Directive 1173, Prosthetic and Sensory Aids Service dated June 27, 2008 and VHA Directive 1125, Driver Rehabilitation Program Report (Report Control Symbol (RCS) 10-0099), dated July 9, 2015.
- 4. RESPONSIBLE OFFICE:** The Office of Rehabilitation and Prosthetic Services (10P4R) is responsible for the contents of this directive. Questions may be referred to 202-461-7444.
- 5. RESCISSIONS:** VHA Handbook 1173.16, dated January 4, 2010 is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of November 2022. This VHA directive will continue to serve as national policy until it is recertified or rescinded.

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DRIVER REHABILITATION FOR VETERANS WITH DISABILITIES PROGRAM

1. PURPOSE

Veterans and Servicemembers with disabilities are entitled to 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 today's motor vehicles, the disabled individual should enjoy the independence and freedom of mobility offered to all citizens. This Veterans Health Administration (VHA) directive provides procedures for all matters regarding the Driver Rehabilitation Program for Veterans and eligible Servicemembers with disabilities, and provides guidelines for these procedures. The services can be provided to the inpatient or outpatient Veteran, and include evaluation, consultation, and assessment of a wide range of physical and mental disabilities related to driver rehabilitation, both as a driver or as a passenger. Services also include assistance with vehicle selection if needed, as well as assessment for appropriate adaptive equipment. **AUTHORITY:** Title 38 United States Code (U.S.C.) 3901, 3903(e), 7301(b).

2. BACKGROUND

a. This Veterans Health Administration (VHA) directive:

(1) Provides policy for VA medical facilities with basic information on the operation, application, and procedures involved in the VA Driver Rehabilitation Program; and

(2) Delineates general and specific policy to designated Driver Rehabilitation Specialists and to members of the VA medical facility's administrative and supporting staff regarding the purpose, scope, procedures, and technicalities of VA's comprehensive Driver Rehabilitation Program for Veterans and Servicemembers with disabilities.

b. To facilitate implementation of this program, VA has:

(1) Established driver training facilities for Veterans with disabilities throughout the United States (see Appendix A for current list);

(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 high-level training equipment (e.g., simulators, high-tech driving systems, etc.).

3. DEFINITION

Driver Rehabilitation for the Disabled. Public Law 93-538, signed December 1974, mandated the Department of Veterans Affairs (VA) to provide opportunities for

driver education and training for all eligible Veterans and Servicemembers with Driver rehabilitation for the disabled. Within VA, this rehabilitation is defined as a Professional Services Medical Training Program designed to provide professional evaluation and instruction for eligible Veterans and eligible Servicemembers in the safe, competent use 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. Driver rehabilitation for persons with disabilities is a medical therapy.

4. POLICY

It is VHA policy that eligible disabled Veterans and Servicemembers are entitled to the opportunity to learn to drive a motorized vehicle, and those that require evaluation and training will be aided in this goal through the Driver Rehabilitation for Veterans with Disabilities Program as outlined in this directive.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary of Health for Operations and Management, or designee, is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN);

(2) Ensuring that each VISN Director has the sufficient resources to fulfill the terms of this directive in all of the VA health facilities within that VISN; and

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **The Physical Medicine and Rehabilitation Services National Program Director.** The Physical Medicine and Rehabilitation Services (PM&RS) National Program Director is responsible for: Ensuring current national policy and procedures related to Driver Rehabilitation Program based on relevant laws, regulations, and VA's mission, goals and objectives are current and relevant, and updated accordingly;

(1) Providing consultation and guidance to VISNs and VA medical facilities that have Driver Rehabilitation programs.

(2) Reviewing and submitting Driver Rehabilitation National program reports annually or as directed by the PM&R Program Office to identify efficacy and opportunities for continued successful implementation.

(3) Ensuring liability insurance contract is in place for the Driver Rehabilitation Program.

(4) Appointing a VHA Field Advisor who is responsible for 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 that will assist VHA Central Office's administrative officials in maintaining adequate background knowledge of this specialty area; and, when directed, act for or represent VHA Central Office program officials at meetings, conferences, and/or work groups.

(5) Selecting and prioritizing new Driver Rehabilitation candidates for training based on applications from the field.

(6) Designating a primary training facility for the Driver Rehabilitation Program and designate additional facilities as needed to meet the need for new instructors in the VA system. **NOTE:** *Currently the Long Beach, California VA Medical Center is the primary training facility for this program.*

(7) Promoting the provision of workshops, conferences, seminars webinars and/or other education related to this specialty program.

(8) Ensuring accurate and reliable program data is captured, analyzed, and monitored to identify trends, including but not limited to assessments of the health equity impact on Veterans and Servicemembers with Disabilities, in accordance with VHA Directive 1125, Driver Rehabilitation Program Report (RCS 10-0099), dated July 9, 2015, or subsequent policy.

d. **VISN Director.** Each VISN Director is responsible for ensuring Driver Rehabilitation programs are conducted in compliance with relevant Public Laws, regulations, and VHA policy and procedures.

e. **VA Medical Facility Director.** Each VA medical facility Director, or designee, that has a Driver Rehabilitation Program is responsible for:

(1) Providing and maintaining program oversight to ensure quality services and compliance with VHA policy and procedures. **NOTE:** *This program must be active on a continuing basis to ensure patients are treated without interruption.*

(2) Ensuring adequate resources are devoted to the program including, full time equivalent (FTE) personnel, sufficient work space, up-to-date equipment, replacement of vehicles as appropriate, vehicle repairs, to meet education needs and travel needs, and providing other resources necessary to maintain the program. Local medical care and equipment funds may be used for:

(a) Purchase or replacement of driver rehabilitation vehicles (automobiles, vans, etc.) that are approved by the Under Secretary for Health and meet the current standards.

(b) Purchase of add-on adaptive equipment for installation in, or on, the vehicles.

(c) Purchase of drivers training 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 VA medical facilities, or at VHA Central Office.

(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. **NOTE:** *Travel and per diem costs for the 2 week instructors training course are the responsibility of the local VA medical facility or VISN.*

(g) Cost of transporting vehicles from one site to another when it involves contracting with a transport company. **NOTE:** *VA medical facility travel funds must be used if a VA employee is required to drive the vehicle.*

(h) Contracting for non-VA consultants for program review, if necessary.

(3) Ensuring parking sites for the driver rehabilitation training vehicles receive priority. 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 Veteran or Servicemember 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.

(4) Ensuring accurate and reliable program data is captured and forwarded to appropriate authority, in accordance with VHA Directive 1125.

f. **Chief, Physical Medicine and Rehabilitation Services or Appropriate Care Line Manager.** The Driver Rehabilitation Program is under the professional direction of the Chief, PM&RS, or other designated care line manager as appropriate. 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. The Chief PM&R or Designee is responsible for:

(1) Promoting, advocating, and supporting the Driver Rehabilitation Program to top management in the areas of FTE, space, up-to-date equipment, repairs, education needs, travel needs and other resources necessary to maintain the program.

(2) Designating a qualified individual as the primary Driver Rehabilitation Specialist (instructor), preferably full time.

(3) Designating 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.

(4) Ensuring clinical support is available as needed from the following specialties/departments including but not limited to: Audiology and Speech Pathology, Education, Neurology, Nursing, Ophthalmology/Optomety, Pharmacy, Prosthetic and Sensory Aids, Mental Health, and Spinal Cord Injury.

(5) Ensuring administrative support is available as needed from the following areas including but not limited to: Acquisition, Contracting, Engineering/Facilities Management, Fiscal, and Motor Pool.

g. **Driver Rehabilitation Specialist(s)**. The primary and/or alternate Driver Rehabilitation Specialist is responsible for maintaining a skill set that enables them to perform the driving screening as described in Appendix C, paragraph 5. They are also responsible for Driver Rehabilitation Program tasks, which include but are not limited to:

- (1) Clinical evaluation;
- (2) Behind-the-wheel training;
- (3) Prescription of adaptive equipment required to maximize function and safety for on road driving;
- (4) Prescribing vehicle modifications;
- (5) Equipment training;
- (6) Administrative program support;
- (7) Assigning workload;
- (8) Assisting in the evaluation and selection of additional Driver Rehabilitation Specialist(s);
- (9) Recommending appropriate equipment and supplies;
- (10) Supervising maintenance of the equipment;
- (11) Taking precautions to ensure that the vehicle is secure;
- (12) Submitting any necessary reports requested by VA medical facility management and/or VHA Central Office;
- (13) Gathering necessary information to complete the mandatory annual report required by VHA Directive 1125. This report must be completed by October 31 of the current year. The information must be entered at the following site <http://vaww.vhaco.va.gov/AnnualDriverRehabReport/>. **NOTE:** *This is an internal VA Web site that is not available to the public. Further clarification and information may be obtained by contacting the Coordinator of Driver Rehabilitation in VHA Central Office or by reviewing VHA Directive 1125.*

(14) Initiating appropriate referrals to other services for more detailed evaluations, as indicated (i.e., cognitive assessment, neuro-sensory evaluation, visual examination, etc.); and

(15) Prioritizing continuing education needs, which may be met by attendance at workshops, seminars, conferences, webinars, online training, etc., to ensure maintenance and updating of knowledge skills and abilities necessary to meet the requirements of this position.

6. OTHER REQUIREMENTS

a. **Rotation of Instructors.** Rotation of instructors is highly detrimental to the success and quality of VA's Driver Rehabilitation Program. A considerable amount of money and training time is invested in preparing the designated instructors for this role. The product of this training, the qualified Driver Rehabilitation Specialist, must demonstrate abilities, attitudes, and capabilities to provide the highest quality of service in driver rehabilitation to the Veteran. The knowledge, skills, teaching expertise, and tools utilized by the therapist in driver rehabilitation are different and unique skills than those needed in other treatment areas, and cannot be readily acquired.

b. **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.

c. **Public Information.** The Driver Rehabilitation Specialist and other key leadership staff members need to ensure that Veterans and eligible Servicemembers are aware of the existence of the program and the referral mechanisms needed for enrollment.

d. **Study and Research.** Research activities in Driver Rehabilitation Programs for the disabled are encouraged. 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: 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 (10P9). 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.***

7. STAFFING QUALIFICATIONS

Designated primary and alternate Driver Rehabilitation Specialists must be Kinesiotherapists, Occupational Therapists, or Physical Therapists who are licensed, registered, or certified by their respective professional organizations. All primary and alternate instructors must take the Driver Rehabilitation Specialist certification training course, which is a 2 week course of instruction sponsored by VA Central Office in collaboration with the VA Employee Education System prior to assuming responsibilities for the Driver Rehabilitation Program. Driver Rehabilitation programs must only be

provided by a Driver Rehabilitation Specialist with VA training. **NOTE:** *Additional university credentials, State certification and/or successful completion of the National Driver Rehabilitation Specialist examination sponsored by Association for Driver Rehabilitation Specialists (ADED), formerly known as the Association for Driver Educators for the Disabled, is encouraged.*

a. The individual Driver Rehabilitation Specialist must possess:

(1) A valid Driver's License without major violations. Major violations on a driving record include, but are not limited to:

(a) Conviction for an alcohol and/or drug related driving offense;

(b) Refusal to submit to a Blood Alcohol Content test;

(c) Conviction for reckless driving;

(d) Any combination of three or more moving violations "at fault accidents", or "preventable accidents" within the most recent three years;

(e) Suspension, revocation, or administrative restriction within the last three years;

(f) Leaving the scene of an accident as defined by state laws;

(g) At fault in a fatal accident; and

(h) Felony committed involving a vehicle.

(2) Special abilities and technical skills related to the provision of driver rehabilitation services acquired in the VA 2 week face-to-face Driver Rehabilitation Instructor Training Course;

(3) A medical rehabilitation background;

(4) Knowledge of residuals of traumatic and non-traumatic disabilities; and

(5) Experience to evaluate and determine physical limitations of the Veteran or Servicemember with disabilities with the following modalities; i.e., hand controls, lifts, specialty adaptive driving systems, etc.

b. The individual Driver Rehabilitation Specialist must maintain a current knowledge of:

(1) Technological advances in adaptive equipment and high-tech driving systems;

(2) Changes in automotive design; and

(3) Other factors that may influence an individual's capacity to safely operate a motor vehicle.

8. EQUIPMENT

New or replacement vehicles used for this program must be processed in accordance with VA Directive 7002, Logistics Management, dated July 10, 2009, and VA Handbook 7002-1, dated April 14, 2011. These 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 VA medical facility Director has the discretion to replace the current automobile or van. Reusable portions of add-on adaptive equipment may 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 to the local Office of Acquisition and Logistics (OAL) Officer utilizing the appropriate Integrated Funds Distribution, Control Point Activity, Accounting and Procurement Package (IFCAP) equipment replacement procedures, or as prescribed by existing VHA Directive 2009-017, Acquisition of High-Cost, High-Technical Medical Equipment, dated March 20, 2009, or subsequent policy. Specific details regarding vehicle selection, factory equipment and additional add-on modifications are listed at the following Web site: http://vaww.rehab.va.gov/PMR/Driver_Rehabilitation.asp. **NOTE:** *This is an internal VA Web site that is not available to the public.*

a. **Vehicles.** The following considerations and accommodations must be made regarding these vehicles:

(1) **Maintenance and Repair.** All maintenance and repair work on the driver rehabilitation automobile is the responsibility of the VA medical facility and will be conducted per the vehicle manufacturers recommendations. Arrangements may be made with the VA medical facility's Engineering Service to maintain the vehicle at its peak performance. The local Fleet Manager will keep maintenance records on the vehicle. **NOTE:** *As result of recent surveys for accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Joint Commission, the PM&RS Program Office recommends a written weekly maintenance schedule be maintained with the vehicle.*

(2) **Parking Space.** Parking sites for the driver rehabilitation vehicles must receive priority rating at all VA medical 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.

(3) **Security.**

(a) When not in use, the Driver Training Vehicle must be kept in a secure location and adequate precautionary measures need to be in place such as security checks provided by VA medical facility police officers.

(b) Any damage or loss must be reported to OAL Service (90), in accordance with VA Directive 7002. If there is damage or loss and it is a result of a VA employee, Veteran, or Servicemember, a police report may also need to be filed.

(4) **Insurance.** An annual commercial automotive liability insurance contract has been established to automatically ensure liability coverage for all Veterans who drive designated driver rehabilitation vehicles, including leased vehicles at any VA medical facility. Coverage under the contract is for third party bodily injury, and property damage either to non-governmental vehicle(s) and/or non-governmental property. The policy does not cover bodily injury of the Veteran or the instructor, or the VA vehicle or other VA property. All changes in driver rehabilitation vehicle inventory must be immediately reported via e-mail to the PM&R Program Office to ensure the applicable vehicles are added, or removed, from the national insurance contract. **NOTE:** *If the Veteran or Servicemember is injured, medical treatment would be provided by VA. If the instructor is injured, VHA Directive 1609, Worker's Compensation Program Management, dated November 6, 2016, or subsequent policy, must be followed. Information on specific insurance claims may be received by contacting PM&RS VHA Central Office staff or VHA Fleet Management Office.*

(5) **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. The Driver Rehabilitation Specialist is responsible for locally written policies regarding emergency procedures and protocols must be available in the driver rehabilitation vehicle at all times.

(6) **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 (10P4R). Transfers of vehicles must be coordinated through the Chief, OAL, at both the losing and gaining facilities.

(7) **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, OAL.*

(8) **Donated Vehicles.** Donated vehicles may be accepted to the program. The decision to accept the vehicle for the Driver Rehabilitation Program rests with the Chief of Physical Medicine and Rehabilitation Services or the Appropriate Care Line Manager with consultation with the Driver rehabilitation staff, and as authorized by their local VA leadership. Appropriate policy for donation of equipment to the VA must be followed.

(9) **Restriction in Use of Driver Rehabilitation Vehicle.** Use of vehicles purchased and leased for the VA Driver Rehabilitation Program for purposes other than driver rehabilitation is forbidden. VA Driver Rehabilitation Program vehicles shall be used only for official purposes and use of the vehicle for driver rehabilitation must take precedence over any other need. Family members of persons being trained in the driver rehabilitation vehicle may not drive or ride in the training vehicle. It is permissible for VA employees to ride in the vehicle for evaluation, orientation, or teaching. Students, residents, or interns with VA appointments in clinical training programs may ride in the vehicle, as long as such involvement is undertaken within a phase of their active training. For safety precautions, the adaptive equipment must not be utilized by unauthorized personnel or untrained VA employees; the inappropriate use of such equipment may pose a safety hazard to non-disabled operators and is prohibited.

(10) **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.). **NOTE:** *This is a requirement of accreditation bodies. The Driver Rehabilitation Specialist must periodically review expiration dates on this material to ensure compliance with accreditation standards and document the review. This may be requested by accreditation reviewers during a site visit.*

(11) **Telephone.** In accordance with Commission on Accreditation of Rehabilitation Facilities (CARF) standards, communication devices must be available in vehicles, therefore, VA issued cellular telephones are mandated. A global-positioning system (GPS) may also be purchased and is highly recommended. Specific approval and licensing must be processed through the local telecommunication office.

b. **Adaptive Equipment and Safety.**

(1) **Maintenance and Safety.** Routine maintenance and weekly safety checks of all adaptive equipment must be scheduled and documented by the Driver Rehabilitation Specialists. They need to be able to identify the operational defects of the adaptive equipment. Other specialists such as VA medical facility engineers, vendors, and the manufacturing representatives of the equipment, may be consulted, as necessary. A copy of the safety policies and procedures must be maintained in the vehicle at all times.

(2) **Prosthetic's Directive on Adaptive Equipment.** VHA Directive 1173.4, Automobile Adaptive Equipment Program, dated October 30, 2000, is available online at [VHA Publications Web site \(http://www.va.gov/vhapublications/\)](http://www.va.gov/vhapublications/) for the use of all VA medical facilities having an official designated Driver Rehabilitation Program. Adaptive Equipment recommended for Driver Rehabilitation Vehicles is listed in Appendix C.

c. **Clinical Evaluation for Types of Adaptive Equipment Required.** To determine appropriate adaptive equipment that may be prescribed to a Veteran or Servicemember, the Driver Rehabilitation Instructor must clinically evaluate the following areas:

(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.** Any potential problems identified from screening of basic cognitive and perceptual motor abilities must be referred to the appropriate professional for a more in-depth evaluation and verification by the Driver Rehabilitation Specialist or the treating physician.

(4) **Neuro-motor Assessment.** This is a physical assessment of range of motion, strength, sensation, coordination, and endurance.

d. **Simulation Equipment.**

(1) **Utilization.** Driver training 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 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, must be consulted.*

(3) **Space.** It is recommended that a single room, measuring approximately 18 feet by 16 feet, should 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 appropriate Licensed Independent Provider most knowledgeable of the patient's physical and mental problem(s). **NOTE:** *Those patients referred with a psychiatric diagnosis may require additional input from their mental health provider in order to clarify the effects the psychiatric diagnosis would have on the driving task.*

(2) The primary care physician of Veterans and Servicemembers referred for driver rehabilitation, who are not already involved with a rehabilitation treatment team, have the option to refer the Veterans or Servicemembers to a team-based comprehensive

rehabilitation needs-assessment to assess any physical, behavioral, or functional problems that may need to be addressed.

b. **Other Participation Criteria.**

(1) The patient must be eligible for a valid state permit or license in the state in which the patient resides.

(2) The patient must be willing to release medical information to the state in accordance with individual Department of Motor Vehicles (DMV) policy.

(3) The patient must be in compliance with state law and vehicle codes regarding operation of a motor vehicle. This includes being free from illegal substances which would affect the Veterans ability to drive.

NOTE: *The ultimate goal of the Driver Rehabilitation Program is to return the Veteran to full driving capability with appropriate modifications to the vehicle. The program cannot make a legal determination whether a Veteran with a progressive disorder can safely operate a motor vehicle. The determination whether someone should maintain his or her driver's license is the responsibility of the state in which he or she resides.*

NOTE: *Please refer to Privacy Fact Sheet Reporting to state Department of Motor Vehicles January 2017 at*

<https://vaww.vets.vaco.portal.va.gov/sites/privacy/vhapo/Pages/FactSheets.aspx> . This is an internal VA Web site and is not available to the public.

(4) Treatment may be terminated if the patient is using illegal substances, abusing prescription medication, or consuming alcohol at risky levels, as determined by the Driver Rehabilitation Specialist. If treatment is terminated because of alcohol or drug abuse, the Driver Rehabilitation Specialist must contact the referring provider– it is recommended that the provider refer the individual to the VHA Substance Use Disorder Program. The patient may be re-admitted to the Driver Rehabilitation Program only after written certification by the referring provider that the patient no longer constitutes a likely safety risk due to use of drugs or alcohol.

(5) Termination from the Driver Rehabilitation Program before successful completion of the program for other than medical reasons will be based upon professional judgment of the Driver Rehabilitation Specialist.

(6) Final determination of patient's capacity to drive and be licensed rests with the appropriate State licensing agency. The final responsibility for licensing the patient who completes the VA Driver Rehabilitation Program rests with the individual Veteran or Servicemember and the individual State Department of Motor Vehicles. VA staff members must be aware of the State eligibility requirements, and cooperate with the State on behalf of the patient as much as possible

(7) Any Veteran or Servicemember eligible for VA medical care can be referred to the Driver Rehabilitation Program for training.

c. **Productivity.**

(1) It is necessary to assess effective utilization of the Driver Rehabilitation Program in an ongoing manner in order to determine the need to upgrade, advise, or possibly terminate programs at the designated VA medical facilities.

(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 Current Procedural Terminology (CPT) Codes, and International Classification of Diagnoses, Clinical Modifications, 10th Edition (ICD-10-CM) Codes are being incorporated into the Decision Support System (DSS), the current system of record, as a new means for effectively measuring productivity and costs. All VA medical facilities with a driver rehabilitation program must have stop code 230 in the primary credit position. The secondary credit stop code should be devoted to the discipline providing the training, such as 214 for Kinesiotherapy, 206 for Occupational Therapy, 205 for Physical Therapy, etc. **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 VA medical facilities 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 (10P4R) staff assigned to coordinate the program.

d. **Nonproductivity.** The PM&RS Program office staff assigned to coordinate the program must review the annual report data from each VA medical facility, to determine which, if any, driver rehabilitation program does not meet the 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.

e. **Accreditation.** Driver Rehabilitation programs that are a part of a CARF accredited program must adhere to the applicable CARF Health and Safety standards. **NOTE:** *The CARF Standards can be found at: <http://vaww.ogsv.med.va.gov/functions/integrity/accred/carf.aspx>. **NOTE:** This is an internal VA Web site and is not available to the public.*

f. **Transfers of Veterans to Driver Rehabilitation Centers.** When the Veteran's or Servicemember's team indicates 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 with authorized accommodations for completing the special training. The use of temporary lodging and/or hoptel beds is encouraged for those

patients who do not require overnight nursing care. Commuting from a patient's home to the training facility may be utilized as an option when deemed necessary. Following completion or termination of the training, the patient is to be provided whatever return transportation the patient needs that is authorized. The referring facility must fund these transfers (see Appendix E). **NOTE:** *Movement of patients between facilities is governed by VHA Directive 1601B.05, Beneficiary Travel, dated July 21, 2010, or subsequent policy.*

g. **Non-VA Training Programs.**

(1) Certain situations may require that a Veteran or Servicemember seek driver training at some rehabilitation center other than an approved VA Driver Rehabilitation Program. Such situations could include:

(a) Inability to leave area of residence for family reasons;

(b) Inability to travel long distances to reach the nearest driver rehabilitation center;
or

(c) Unavailability of space.

(2) If any of these situations exist, it may be necessary to contract for these services at the nearest non-VA Driver Rehabilitation Program to meet the individual's needs. It is the responsibility of a knowledgeable PM&RS specialist to review the non-VA facilities to determine whether 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 is developed to authorize payment of such service.

h. **Training in Veteran's Personal Vehicle or Vendor Equipped Vehicle.** It is permissible to teach adaptive driving skills to a Veteran or Servicemember in their personal vehicle, or in a vendor-equipped vehicle, as long as the Veteran, Servicemember or vendor can show documented proof that the vehicle is covered by the minimum State requirements for insurance. The vehicle must also have the required adaptive equipment already available in the vehicle if that equipment is necessary based on the disability of the individual. This situation may occur when the Veteran or Servicemember has a 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 must be affixed to the vehicle by the Driver Rehabilitation Specialist.*

10. REFERENCES

a. Public Law 93-538.

b. VA Handbook 7002-1, Logistics Management. Procedures, dated April 14, 2011, or subsequent policy.

- c. VA Directive 7002, Logistics Management, dated July 10, 2009, or subsequent policy.
- d. VHA Handbook 1660.01, Health Care Resources Sharing Authority – Selling, dated October 11, 2007, or subsequent policy.
- e. VHA Handbook 1173.4, Automobile Adaptive Equipment Program, dated October 30, 2000, or subsequent policy.
- f. VHA Handbook 1173.08, Medical Equipment and Supplies, dated June 15, 2007, or subsequent policy
- g. VHA Directive 2009-017, Acquisition of High-Cost, High-Technical Medical Equipment, dated March 20, 2009, or subsequent policy.
- h. VHA Directive 1609, Worker’s Compensation Program Management, dated November 6, 2016, or subsequent policy.
- i. AARP formally American Association of Retired Persons. www.aarp.org/driver
- j. ADED: Association for Driver Rehabilitation Specialists. www.aded.net
- k. American Automobile Association Foundation for Traffic Safety. www.aaafoundation.org
- l. American Medical Association: Physician’s Guide to Assessing and Counseling Older Drivers. https://www.nhtsa.gov/staticfiles/nti/older_drivers/pdf/811298.pdf
- m. American Occupational Therapy Association: www.aota.org/olderdriver
- n. American Society on Aging. <http://www.asaging.org>
- o. Commission on Accreditation of Rehabilitation Facilities (CARF). Accreditation manuals available through the VA Office of Quality and Performance. <http://vaww.ogsv.med.va.gov/functions/integrity/accred/carf.aspx> **NOTE:** *This is an internal VA Web site not available to the public.*
- p. National Mobility Equipment Dealers Association: NMEDA. www.nmeda.org
- q. National Highway Traffic Safety Administration. www.nhtsa.gov
- r. CARF Medical Rehabilitation Standards Manual: <http://vaww.ogsv.med.va.gov/functions/integrity/accred/carf.aspx>

**DEPARTMENT OF VETERANS AFFAIRS (VA) DRIVER REHABILITATION
CENTERS**

NOTE: *HCS is Health Care System.*

- a. VA Upstate New York, Albany, NY
- b. VA New Mexico HCS, Albuquerque, NM
- c. VA Medical Facility, Ann Arbor, MI
- d. VA Medical Facility, Atlanta, GA (Decatur)
- e. VA Medical Facility, Augusta, GA
- f. VA Baltimore HCS, Baltimore, MD
- g. VA Gulf Coast HCS, Biloxi, MS
- h. VA Boston HCS, Brockton, MA
- i. VA Medical Facility, Bronx, NY
- j. VA Medical Facility, Butler, PA
- k. VA Medical Facility, Cleveland, OH
- l. VA Medical Facility, Columbia, SC
- m. VA North Texas HCS, Dallas, TX
- n. VA Medical Facility, Denver, CO
- o. VA Central Iowa HCS, Des Moines, IA
- p. VA New Jersey HCS, East Orange, NJ
- q. VA Eastern Kansas HCS, Leavenworth & Topeka, KS
- r. VA Medical Facility, Hampton, VA
- s. VA Medical Facility, Hines (Chicago), IL
- t. VA Medical Center Honolulu, HI
- u. VA Medical Facility, Houston, TX
- v. VA Medical Facility, Indianapolis, IN
- w. VA Medical Facility, Lexington, KY
- x. VA Medical Facility, Little Rock, AR

- y. VA Medical Facility, Long Beach, CA
- z. VA Medical Facility, Memphis, TN
- aa. VA Medical Facility, Miami, FL
- bb. VA Medical Facility, Milwaukee, WI
- cc. VA Medical Facility, Minneapolis, MN
- dd. VA Medical Facility, New Orleans, LA
- ee. VA Medical Facility, Oklahoma City, OK
- ff. VA Medical Facility, Palo Alto, CA
- gg. VA Medical Facility, Philadelphia, PA
- hh. VA Medical Facility, Phoenix, AZ
- ii. VA Medical Facility, Portland, OR
- jj. VA Medical Facility, Reno, NV
- kk. VA Medical Facility, Richmond, VA
- ll. VA Medical Facility, St. Louis, MO
- mm. VA Medical Facility, Salisbury, NC
- nn. VA Medical Facility, Salt Lake City, UT
- oo. VA South Texas HCS, San Antonio, TX
- pp. VA Medical Facility, San Juan, PR
- qq. VA Puget Sound HCS, Seattle, WA
- rr. VA Greater Los Angeles HCS, Sepulveda, CA
- ss. VA Medical Facility, Syracuse, NY
- tt. VA Medical Facility, Tampa, FL
- uu. VA Medical Facility, Tucson, AZ
- vv. VA Hudson Valley, Wappingers Falls (Castle Point), NY
- ww. VA Medical Facility, Washington, DC
- xx. VA Medical Facility, West Palm Beach, FL

**SUGGESTED ORIGINAL EQUIPMENT MANUFACTURER (OEM) AND ADAPTIVE
EQUIPMENT FOR DRIVE REHABILITATION VEHICLES**

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. 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. Power driver seat;
- i. De-icer and defogger on the rear window;
- j. Seat belts; i.e., for shoulder, chest, and lap;
- k. AM-FM stereo radio; and
- 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, remote keyless entry, remote starting, heavy duty battery and alternator to accommodate 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. Carpeting, windshield washer and wipers, heater, courtesy lights, lamps and switches, clock, and all other equipment customarily furnished;
- d. Automatic transmission;
- e. A sliding side or side cargo door;
- f. Cruise control;
- g. High-capacity air conditioning;
- h. Tilt-steering wheel;
- i. Power steering;
- j. Power windows;
- k. Power brakes;
- l. Power-door locks;
- m. Power-outside mirrors;
- n. AM and FM stereo radio; and
- o. A conversion package.

3. MINI-VANS

Mini-vans require:

- a. Full-size windows;
- b. A V-6 engine;
- c. Carpeting, windshield washer and wipers, heater, courtesy lights, lamps and switches, clock, and all other equipment customarily furnished;
- d. Automatic transmission;
- e. A Sliding-side door;
- f. Cruise control;
- g. Three-zone climate-control air conditioning;
- h. Tilt-steering wheel;
- i. Power windows;

- j. Power brakes;
- k. Power-door locks;
- l. Power-outside mirrors;
- m. AM and FM stereo radio; and
- n. Accommodations for a drop-floor, ramp-kneeling system which meet NHTSA gross motor vehicle weight capacity.

4. ADAPTIVE EQUIPMENT FOR AUTOMOBILES

Adaptive equipment for the vehicle to be purchased by the VA medical facility for installation may include, but is not limited to 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.

5. VAN MODIFICATION AND ADAPTIVE EQUIPMENT

Van modification and adaptive equipment may include, but is not limited to the following:

- 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

OPERATIONAL GUIDELINES

1. INSTRUCTOR-PATIENT RELATIONSHIP

Central to the VA Driver Rehabilitation Program is the instructor-patient relationship during the period from 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. The guidance in this directive 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.

2. TYPES OF DISABILITIES THAT ARE TREATED IN THE VA DRIVER REHABILITATION PROGRAM

- a. Paraplegia;
- b. Tetraplegia;
- c. Traumatic Brain Injury (TBI);
- d. Hemiplegia;
- e. Neurological and brain disorders;
- f. Amputation, i.e., upper and lower extremities;
- g. Orthopedic problems;
- h. Mental health problems; and
- i. Disabilities associated with aging.

3. GENERAL BEHAVIORAL OBJECTIVES EXPECTED OF PATIENTS

a. The patient must acquire knowledge of all areas of the Driver Rehabilitation Program specific to their individual needs which may include both didactic theory and practical experience.

b. The patient needs to develop a favorable psychological attitude toward common, everyday driving responsibilities.

c. The patient is to become as proficient a driver as possible through use of the most current 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.*

4. PRE-DRIVING ASSESSMENT AND EVALUATION

The Driver Rehabilitation Specialist must ensure the following areas are addressed as part of the initial assessment and evaluation:

- a. **Initial Contact.** Conduct initial contact with patient (driver rehabilitation candidate) in an interview atmosphere.
- b. **VA Form 10-9028, Driver Training Functional Evaluation Record.** This form is available as a guide for the assessment process. This is an optional form that can be filled out by the Driver Rehabilitation Specialist (<http://vaww.va.gov/vaforms/medical/pdf/vha-10-9028-fill.pdf>). **NOTE:** *This is an internal VA web site not available to the public.*
- c. **History.** Obtain from patient the history of the patient's driving record, including any citations, accidents, or suspensions, as well as military defensive driving strategies that may have been taught to the Veteran.
- d. **Medical Clearance.** Inform patient of steps to be taken to obtain medical clearance, if such is required from the state medical authority.

5. SCREENING PERFORMED BY DRIVER REHABILITATION SPECIALIST

- a. Visual acuity, depth-perception, color-vision, peripheral-vision, night acuity, and glare recovery (tests may be administered by use of visual screening tools).
- b. Functional muscle testing.
- c. Basic perceptual test (e.g., dynamic figure-ground).
- d. 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.
- e. Coordination testing.
- f. Hearing (subjective).
- g. Balance (static and dynamic).
- h. Activity tolerance and susceptibility to fatigue.
- i. Spasticity.
- j. Bowel or bladder control.
- k. Reaction time, i.e., response time from accelerator to brake.
- l. Sensation and proprioception.

- m. Functional activities of daily living (ADL).
- n. Educational training (classroom portion).

NOTE: If the Driver Rehabilitation Specialist believes the driver requires further screening, the Driver Rehabilitation Specialist may proceed with additional testing as outlined in paragraph 6.

6. OPTIONAL SCREENING TO BE PERFORMED BY OTHER SERVICE STAFF MEMBERS, AS APPROPRIATE TO THE PATIENT'S MEDICAL AND/OR MENTAL HEALTH DIAGNOSIS

- a. 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.
- b. Extensive perceptual tests given by qualified health care professional.
- c. Evaluation of patient's communication and hearing potential, to be administered by audiologist and speech pathologist.
- d. Advanced visual evaluation as indicated by an optometrist or ophthalmologist.

7. 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.

8. 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. If it is determined that the patient's license had been suspended, cancelled, 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.

NOTE: *Some patients may not be required to take written, vision, and/or driving examination at the DMV.*

9. COUNSELING AND EDUCATION

In counseling the patient, it is essential to:

- a. Remind patients of their 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. Review potential distractions during driving such as cell phone use, setting GPS systems, passenger behavior, etc.

d. Educate the individual about strategies to eliminate potentially dangerous compensatory mechanisms learned while on active duty when driving in the civilian world.

e. Elaborate the position that, "Driving is a privilege, not a right."

10. FOUR PHASES OF IN-VEHICLE INSTRUCTION

During all four phases the instructor must continually emphasize the benefits of defensive driving.

a. **Phase One Instruction.** Phase One instruction includes:

(1) Training in methods and techniques for the Veteran's ingress and egress to the vehicle;

(2) Evaluating the need for assistive and prosthetic devices;

(3) Orienting the patient to vehicle controls and add-on adaptive equipment;

(4) Assisting the patient to assume proper body positioning and alignment (e.g., seat height, position of legs);

(5) Teaching mirror references, including "blind spot" checks and tests;

(6) Noting passenger responsibilities (e.g., seat belts, lock doors);

(7) Emphasizing pre-driving check which includes external (e.g., lights) and internal (e.g., gas supply) considerations;

(8) Practicing ingress and egress of mobility aids; and

(9) Preparing lesson plans and course routes for all steps of vehicle in motion training, such as:

(a) Starting and stopping;

(b) Right and left turns;

(c) Centrifugal forces;

(d) Backing-up;

(e) Parking with no obstacles;

(f) Reaction time (accelerator to brake);

(g) Smooth acceleration and braking; and

(h) Visual tracking.

b. **Phase Two Instructions.** Phase Two is initiated 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:

(1) Limit-line approaches to intersections;

(2) Intersections;

(3) 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);

(4) Two-second rule for following behind vehicles;

(5) Lane changes;

(6) U-turns and three-point turnabouts;

(7) Parallel parking;

(8) Emotional stability behind the wheel; and

(9) Training in the following five steps of the Smith System:

(a) Aiming high in steering;

(b) Getting the big picture (for visual lead time to assess the situation ahead and sides for action);

(c) Keeping your eyes moving;

(d) Making sure oncoming traffic can see you; and

(e) Leaving yourself an "out" (to prevent a conflict).

c. **Phase Three Instructions.** Complex driving includes taking the patient downtown, on hills, traffic circles, and to congested roads:

(1) Hill driving, uphill and downhill parking, speed control;

(2) Passing other vehicles;

(3) Hazardous driving situations (e.g., inclement weather, stuck accelerator, brake failure, flat tire);

- (4) Changing traffic flows; and
- (5) Awareness of pedestrian hazards.

d. **Phase Four Instructions.** Phase four includes:

- (1) Freeway entry and exit;
- (2) Car control;
- (3) Emergency stops; and
- (4) 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-vehicle 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.*

11. 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 may be given to the patient at this time, signifying successful completion of the course.

12. 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, either as a driver or as a passenger.

13. DOCUMENTATION OF CLINICAL CHART.

The Driver Rehabilitation Specialist must document the patient's progress in the medical record from time of initial evaluation and/or assessment until completion of the Driver Rehabilitation Program. Documentation must follow local VA medical facility policy and be in compliance with appropriate accreditation standards (i.e., Joint Commission and the Commission on the Accreditation of Rehabilitation Facilities (CARF)).

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 Facility*

1. PURPOSE

The 10-day course is to provide basic training for rehabilitation therapists to become Driver Rehabilitation Specialists 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 Veteran or Servicemember 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 for 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 and
- (4) Assignment of Reports on Disability

b. **Session 2.**

- (1) Individual Traffic and
- (2) Driving Exam

c. **Session 3.**

- (1) Introduction to the library and Educational Resource Center and
- (2) Work-up of Reports on Disability

d. **Session 4.**

- (1) Vision and Driving and
- (2) Perception and the Driving Task

e. **Session 5.**

- (1) Basic Cognition and Visual
- (2) Perceptual Motor Screening and
- (3) Driving with Perceptual Deficits

f. **Session 6.**

- (1) Shared-risk
- (2) Identification of Visual and Neuro-muscular Deficiencies and
- (3) Assessment and Techniques

g. **Session 7.**

- (1) Traffic Safety and Driver Education
- (2) Search, Identify, Predict, Decide, and Execute (SIPDE)
- (3) Smith System and
- (4) Space Cushion

h. **Session 8.**

- (1) In-car Instruction
- (2) Taking Control by Instructor and
- (3) Driving from Instructor Position

i. **Session 9.**

- (1) Preparing Lesson Plans and
- (2) Preparation and Practice for Road; Lesson #1, Driving Only on VA 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 and
- (5) Critique - Road Lesson #1

k. **Session 11.**

- (1) Reduced-risk Turns and
- (2) Turning Paths

l. **Session 12.** Preparation and Practice for Road; Lesson #2

m. **Session 13.**

- (1) Student Instruction with Veterans or Servicemembers

- (2) Road Lesson #2 in Automobile and
- (3) Critique Road Lesson #2
- n. **Session 14.** Wheelchair to Car and/or Van Transfers
- o. **Session 15.**
 - (1) Adaptive Driving Equipment and
 - (2) Van Modifications
- p. **Session 16.**
 - (1) Wheelchair Lifts and
 - (2) Specialized Driving Systems
- q. **Session 17.** Vendor Tour for Presentation of Available Vehicles, Modifications and Equipment
- r. **Session 18.**
 - (1) Van Operation and
 - (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 and
 - (2) Proper Vehicle Selection
- w. **Session 23.**
 - (1) Student Instruction with Veteran or Servicemember;
 - (2) Road Lesson #3 in Automobile and
 - (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 Veteran or Servicemember with Disabilities
 - (2) Automotive and Van Adaptive Equipment Prescription and
 - (3) Practical Exam
- cc. **Session 29.** Introduction and Advantages to Simulation for Veteran or Servicemember with Disabilities #1
- dd. **Session 30.** Student Reports
- ee. **Session 31.** Introduction and Advantages to Simulation for Veteran or Servicemember 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 and
 - (2) Presentation of Certificate

**VA MEDICAL FACILITY PROCEDURES REGARDING REFERRAL AND REQUEST
FOR DRIVER REHABILITATION**

1. A Department of Veterans Affairs (VA) medical facility requesting the transfer of a patient for the purpose of providing driver rehabilitation will initiate the procedure through its Physical Medicine and Rehabilitation Service (PM&RS) or appropriate rehabilitation care line. The VA medical facility should make an application, at least 30 calendar days in advance, to the Chief, PM&RS, through the interfacility consult process or via e-consultation at the receiving VA medical 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 that may affect a Veteran's or Servicemember's ability to drive need to be addressed:

(1) Conditions that 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 or hearing).

(2) Conditions that alter one's judgment and decision-making processes; e.g., mental health problems, neurocognitive disorders, or brain injury.

(3) Motor and/or sensory response conditions that limit the ability to respond rapidly to changes in traffic.

(4) Diseases such as alcoholism or other substance abuse that may impair functioning.

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 medical 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 members, upon receipt of the application, determine acceptability of the applicant and set a reporting date for admission to the program. Transfer will be conducted in accordance with VHA Directive 1601B.05, Beneficiary Travel, dated July 21, 2010, or subsequent policy. Spinal cord patients (non-traumatic and traumatic) are to be admitted to the Spinal Cord Injury (SCI) Service. Other appropriate patients are to be admitted to the VA medical facility rehabilitation inpatient unit or other appropriate cost-effective setting.

- 3.** The Driver Rehabilitation Program covers a maximum period of 10-business 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.

PROFESSIONAL ORGANIZATIONS

Certain federal, 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 should 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;
10. Rehabilitation Engineering Society of North America (RESNA);
11. National Highway Traffic Safety Administration of the Department of Transportation (NHTSA);
12. Rehabilitation Services Administration of the Department of Education Resources;
13. Transportation Research Board, a division of the National Research Council; and
14. National Mobility Equipment Dealers Association.