

DriveABLE™
Driven by Research



Assessing the
Medically At-Risk Driver



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Objective Assessments
for Medically At-Risk Drivers

THE DriveABLE™ ASSESSMENT

The DriveABLE™ assessment has both In-Office testing and On-Road evaluation components. Both components were developed through science.

Some medically impaired drivers are very dangerous. As a safety measure, DriveABLE™ developed and validated the predictive accuracy of an In-Office evaluation of cognitive abilities necessary for safe driving. The research showed that individuals performing outside a specified range were identified with an exceptional accuracy as drivers who make significant and often dangerous driving errors during the Road Test. For these drivers, further evaluation is not needed and a test drive on public roadways would present an unnecessary risk to the driver and other road users.

The DriveABLE™ In-Office Assessment

- A DriveABLE™ trained and certified professional guides the client through the assessment.
- Touch screen/push button responses provide measurement precision in a non-threatening environment
- Specific tasks assess mental and motor skills required for safe driving
- Successful performance requires the integration of memory, judgment, decision-making, attention, and motor speed abilities

For a listing of DriveABLE™ Assessment Centers, downloadable referral forms, and more information about DriveABLE™, visit our web site at www.driveable.com

The On-Road Evaluation was developed through scientific discoveries that not only specify the driving errors of medically impaired drivers, but also how to set the On-Road evaluation conditions to reveal those driving errors. Healthy normal drivers are protected from false positive identification because driving errors demonstrated to be unrelated to competence declines are not scored.

The DriveABLE™ On-Road Evaluation

- Road tests are given on a standardized road course in a dual-brake automobile for safety
- Specialized evaluators are DriveABLE™ trained and certified
- Scoring procedures identify unsafe drivers while enabling experienced competent drivers to pass
- Research has demonstrated fairness for both urban and rural drivers.

The results of the assessment are returned with an explicit recommendation in a clear, understandable format. Signed consent is obtained prior to the assessment to release assessment results to physicians and relevant licensing authority. The assessment recommendation is available within two working days or sooner if required.

EVIDENCE-BASED DECISIONS ABOUT DRIVING

Fitness-to-Drive
Decisions can be Difficult



DriveABLE™ is the
Physician's Resource

www.driveable.com

Medical Fitness-to-Drive Evaluations: Easier Said than Done.

Medical impairments affecting driving can occur at any age. However, medical impairments are most likely among geriatric patients where complexities of co-morbidities and multiple medications are common. Fitness-to-drive is often unclear for patients with these medical complexities.

Increasing Pressure on Physicians.

The aging of the population and the prevalence of age-associated illnesses affecting mental abilities makes driving a critical and difficult issue for the medical community. Current estimates indicate that 25% of the senior population has clinically significant cognitive impairment (8% have a dementia and a further 17% have cognitive impairment associated with illnesses other than dementia).

DriveABLE™ reduces the burden.

DriveABLE™ was developed through university research in response to physician frustrations about the inadequacy of medical assessment tools for fitness-to-drive decisions.

DriveABLE™ provides a scientifically validated assessment protocol that effectively evaluates fitness-to-drive, even in the case of patients with complex medical conditions.

As an arm's length assessment, referrals to DriveABLE™ allow physicians to maintain an advocacy position. The focus can be on the outcome of the driving evaluation and the implications for patient care.

Medical Condition	Increased At-Fault Crash Risk*
Cardiovascular	1.0
Pulmonary	1.3
Diabetes	1.5
Visual Acuity	1.5
Functional motor impairment	1.7
Musculoskeletal	1.8
Psychiatric	1.9
Epilepsy	2.0
Neurological	2.2
Alcohol and other drugs	2.2
Cognitive Impairment *	3.3

* Includes dementia

Diller, E. et al. Evaluating drivers licensed with medical conditions in Utah, 1992-1996. Washington (DC): National Highway Traffic Safety Administration. 1999. Report no. DOT HS 809 023.

Evidence-based Solutions

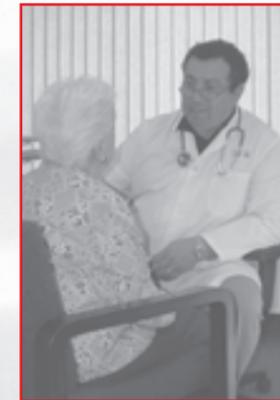
The DriveABLE™ assessment provides an *explicit, evidence-based recommendation* about continued driving. The recommendation is grounded by extensive research comparing medically impaired and healthy, competent drivers. Only when the driver's performance is out of the range of competent drivers is 'stop driving' the recommendation.

The DriveABLE™ recommendation is easy to read and understand. The format was developed in consultation with physicians and licensing authorities.

What makes DriveABLE™ unique? RESEARCH!

DriveABLE™'s procedures are based on award winning research and unique quality assurance procedures to ensure the assessments remain true to the science and provide equal outcomes across all Centers. It is the only scientifically-validated driving assessment world-wide.

With DriveABLE™, an evidence-based decision about your patient's medical fitness-to-drive is now possible.



Driving Skills can Change.

Patients often are understandably proud of their past driving record. *But, medical conditions can change everything.* Even the best and most conscientious drivers can become unsafe to drive when their abilities are impaired by medical conditions. All too often, the medical condition also affects *insight* and these patients are unaware of how dangerous their driving has become. Physicians are well placed to identify patients needing a driving assessment.

Who should be referred?

Patients of all ages whose driving competence is questionable due to a medical condition, medication, and/or a natural decline affecting mental abilities are appropriate referrals. Persons with physical disabilities requiring minor vehicle modifications may be accepted on an individual case basis.

Research has confirmed the fairness of the DriveABLE™ assessment for both urban and rural drivers.

How do I Decide When to Refer?

Many medical conditions are *red flags* for declines in driving competence. When patients have a red flag condition, driving problems should be suspected. Patients with multiple red flag conditions are more at-risk. Obtaining a baseline assessment can be helpful to the management of patient care.

When history, family reports, or direct in-office testing indicate a decline in mental abilities or function, a referral to DriveABLE™ is appropriate.

RED FLAGS*: Who is at risk?

Cardiovascular disease
(e.g., congestive heart failure, cardiac arrhythmia)

Cerebrovascular disease
(e.g., stroke, arteriosclerosis)

Neurological disease
(e.g., head injury, Parkinson's Disease, Multiple Sclerosis, tumor, narcolepsy, sleep apnea)

Respiratory disease
(e.g., chronic obstructive pulmonary disease, respiratory failure)

Metabolic disease
(e.g., diabetes, hypothyroidism)

Renal disease
(e.g., chronic renal failure)

Dementia
(e.g., Alzheimer's Disease, multi-infarct dementia, frontal temporal dementia, Pick's Disease)

Psychiatric illness
(e.g., schizophrenia, depression)

Medications
(e.g., anti-depressants, other medications having prominent central nervous system effects)

*From B. Dobbs (2000) NHTSA report