community therapists

FDE-IQ
Functional Driving Evaluation Indicated Questionnaire

	If you check "YES" to any of the following questions then a Functional Driving Evaluation is recommended	YES	NO
Physical Limitations			
1.	Right lower extremity limitations: ex. Reduced strength/ weakness, reduced ROM, coordination including tremor/spasm, hypersensitivity, reduced sensation, or pain that would impact ability to use brake or accelerator pedals. • *May require adaptive driving controls such as hand controls or left foot accelerator to compensate; need R26 and R28 added to license.*	☐	☐
2.	Upper extremity limitations: difficulty using one or both arms/ hands ex. Reduced strength/ weakness, reduced ROM, coordination including tremor/spasm, hypersensitivity, reduced sensation, or pain that would impact ability to operate steering wheel and secondary vehicle controls (wipers, horn, signal indicator). • *May require adapted driving controls – spinner knob, signal extension or integrated spinner knob to compensate; need R26 and R28 added to license.*	☐	☐
3.	Amputation of one or more extremities: right leg, either arm or left leg if drives manual transmission; and may or may not be using a prosthetic on the affected limb. • *Will likely require adaptive driving controls such as hand controls, left foot accelerator, spinner knob, signal extension, integrated spinner knob or driving with their prosthetic to compensate; if they wish to drive with a prosthetic, they still require an FDE in order to update their license appropriately/ legally (need R25 added to driver's license). If they don't have a prosthetic yet, they may require 2 FDE's. One initially to provide equipment and enable driving without the prosthetic, and one to assess functional driving ability with the prosthetic once they have completed prosthetic fitting/ training.*	☐	☐
Note that <u>adaptive driving equipment</u> are adaptations to the primary and secondary vehicle controls required for operating the vehicle. These require a Functional Driving Evaluation and appropriate update to their driver's license from RoadSafetyBC for an individual to legally install and drive using these modifications*			
Vision Changes			
4.	TBI, ABI or eye injury resulting in vision changes (ex. double vision, loss of vision, change in visual field). • *May require training on strategies to compensate or need adaptations to mirrors to enable viewing vehicle blind spots.*	☐	☐
5.	Visual motion sensitivity or vestibular symptoms (ex. concussion diagnosis) and driver has expressed concern with driving; may be self-restricting driving or has not returned to driving • *May require Driver Rehabilitation to support return to driving by grading visual task demand to allow to gradually desensitize symptoms, increase tolerance and enable performance.*	☐	☐

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Cognitive Limitations or Symptoms			
6.	Cognitive diagnosis with changes to cognitive function such as attention, information processing speed, visual perception, awareness, initiation, planning & organizing, behaviour-impulsivity, anger (ex. TBI, ABI). • *Cognitive changes typically result in on-road errors such as difficulty with maintaining lane position, incorrect turning position, missed, slowed or delayed responses and difficulty with maintaining driving performance while appropriately monitoring the dynamic driving environment and other on-road users.*	☐	☐
7.	Persistent concussion symptoms: has been receiving OT treatment/other rehab and driver has not returned to driving or is still self-limiting driving; functional readiness for an FDE can be determined by OT and/or medical team. • *Address driving earlier in the rehab program to support return to function and remove barrier to RTW; waiting to address return to driving can delay the RTW. Participating in Driver Rehab and GRTW simultaneously can be difficult for a client to tolerate.*	☐	☐
8.	Issues with Cognitive Awareness; changes in awareness/ insight. • *May not be able to adequately self-monitor their performance; must have anticipatory level awareness of their limitations and good awareness of own performance in order to participate in driving/ driver rehab. An FDE can help to answer this question.*	☐	☐
Psychosocial Symptoms			
9.	PTSD or persistent anxiety symptoms; has been receiving OT treatment/other rehab and has not returned to driving since DOL, is reporting symptoms when attempting to participate in driving or may be self-restricting driving or altering driving behaviours (ex. limiting to certain times of day, low traffic, daytime, certain routes; avoiding accident site). • *Can be related to PTSD, anxiety or sequalae of pain and/ or concussion symptoms. It is helpful if they are able to tolerate sitting in drivers' seat, with ignition on prior to FDE referral.*	☐	☐
Vocational Demands			
10.	Job duties/ demands for work require driving: if driving is a critical job demand or required to enable GRTW then address driving earlier in order to not delay GRTW; driving is a safety sensitive issue. Alternatively, Worker may have returned to Class 5 driving but not to Class 1-4 driving and requires further evaluation to support RTW. • *Similarly, to Work Sims which help to verify readiness to return to work, a FDE can help verify readiness to return to driving as a job demand. Driver Rehab program can also be used to help increase driving tolerance to enable a GRTW, or with Commercial driver, be used in lieu of a GRTW when the employer is not able to accommodate modified hours.*	☐	☐

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