

Medical Fitness to Drive

Assessing Medical Fitness to Drive

Physical and cognitive requirements for driving:

- Vision
 - Acuity, extinction, depth perception
 - Visual fields – e.g. homonymous hemianopsia
- Hearing
- Motor skills
 - MSK/Neuro
 - Neck ROM (>120 degrees lateral rotation)
 - Manual dexterity
 - Hip flexion, ankle dorsi/plantar flexion
 - Coordination
- Cognitive Skills
 - Cognitive Screen
 - Visual processing speed
 - Attention (divided and selective)
 - Executive function
- Montreal Cognitive Assessment Tool (see handout)
- Trail Making Test Part B (see handout)
- Behaviour
 - Behavioural Screen
 - Depression – suicidal/homicidal
 - Agitation
 - Low frustration tolerance

Physicians should notify MTO when:

- Cardiac condition with risk of sudden incapacitation
- Drug or alcohol abuse
- Dementia
- Psychiatric disorders
- Sleep apnea, narcolepsy
- Visual deficits e.g. Hemianopsia, cataracts
- Cardiovascular e.g. arrhythmias
- Neurologic disorders e.g. Multiple Sclerosis, brain injury, seizures
- Endocrine e.g. diabetic
- Renal – hemodialysis
- MSK e.g. casts, loss of limbs, spinal cord injury

Safe Drive

- S**afety Record
- A**ttention Skills
- F**amily Report
- E**thanol
- D**rugs
- R**eaction Time
- I**ntellectual Impairment
- V**ision / Visual-spatial Function
- E**xecutive Functions

Information on Ministry of Transportation approved Driver Rehabilitation Centres for driving evaluations is available at:

<http://www.mto.gov.on.ca/english/dandv/driver/medical-review/eval-centres.shtml#medical>

Return to Play Guidelines

www.thinkfirst.ca

A concussion is a serious event, but you can recover fully from such an injury if the brain is given enough time to rest and recuperate. Returning to normal activities, including sport participation, is a step-wise process that requires patience, attention, and caution.

Step 1: No activity, only complete rest.

Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone. Once symptoms are gone, a physician, preferably one with experience managing concussions, should be consulted before beginning a step-wise return to play process.

Step 2: Light aerobic exercise.

Activities such as walking or stationary cycling. The player should be supervised by someone who can help monitor for symptoms and signs. No resistance training or weight lifting. The duration and intensity of the aerobic exercise can be gradually increased over time if no symptoms or signs return during the exercise or the next day.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No symptoms? Proceed to **Step 3** the next day.

Step 3: Sport specific activities.

Activities such as skating or throwing can begin at step 3. There should be no body contact or other jarring motions such as high speed stops or hitting a baseball with a bat.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No symptoms? Proceed to Step 4 the next day.

Step 4: Begin drills without body contact.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No symptoms? The time needed to progress from non-contact exercise will vary with the severity of the concussion and with the player. **Proceed to Step 5 only after medical clearance.**

Step 5: Begin drills with body contact.

Symptoms? Return to rest until symptoms have resolved. If symptoms persist, consult a physician.

No symptoms? Proceed to **Step 6** the next day.

Step 6: Game play.

Other Resources:

Concussion Guidelines for Physicians

http://www.thinkfirst.ca/programs/documents/TF_Concussion_QAphysicians_E_2012.pdf

SCAT2 Sport Concussion Assessment Tool 2

<http://www.thinkfirst.ca/programs/documents/SCAT2.pdf>