

DRIVING



Approximately 50% of stroke survivors will return to driving, yet it is often the #1 goal for many.



In Canada, stroke survivors should not drive for at least 1 month post stroke.

Survivors should not return to driving without guidance from their treatment team.

IDENTIFICATION

- Driving is a complex task that **requires a multifaceted approach**
- **Sensori-motor and cognitive-perceptual stroke symptoms** that can affect driving are varied but may include
 - **Cognitive components**, such as executive functions (judgement, impulse control, problem-solving, decision making speed)
 - **Perceptual components**, such as praxis, spatial awareness and visual information processing
 - **Visual components**, such as acuity, use of visual fields, contrast sensitivity and glare recovery
 - **Linguistic components**, such as verbal and written comprehension
 - **Physical components**, such as strength, coordination, reaction time, tolerance, proprioception and sensation.
- The **rate of recovery** from these symptoms vary from one stroke survivor to another.
- There is no one tool to assess the ability to return to driving.

INTERVENTIONS



COMMUNICATION

Consistent, concise and clear messaging on goals and steps in progress.



SUPPORT

Explore other ways to meet community mobility needs to lessen the impact on routine and independence.



REFERRAL

To comprehensive driving assessments when it is unclear if the stroke survivor can return to driving, after completing paper based and functional assessments.

For more information about your patient's ability to return to driving, **contact one of the following providers involved in your patient's care:**

- Physician or nurse practitioner
- Occupational Therapist
- Optometrist