

Curly Client 1. Mr. Miles

Date of Birth: 27/6/1942 (76 years old)
Licence Number: BS123548
Class: Class 1
Status: Suspended temp license used for this assessment expires 22/06/2022
Conditions: Correcting Lenses must be worn

The purpose of the assessment was to determine medical fitness to drive following a car accident in July 2018 and a MOCA score of 24/30.

Overall Outcome: Not medically fit to drive any class

The purpose of the assessment was reviewed with Mr. Miles and consent was given. Mr. Miles attended this assessment by himself.

Background Information:

Relevant medical history according to Mr. Miles includes:

A Virus 18 months ago

" I have had a few Senior moments on the job .. I have been caught asleep at my desk mid afternoon but you would too after 8 hours of looking at spreadsheets."

"I had a senior moment last year and had a car accident, I lost concentration and hit a wall on July 30th. At this time my doctor said not to drive. "

Atrial Fibrulation

Bilateral cataract surgery 18 months ago

Recent MOCA Test 24/30

Medications include: Dabigatran
Bisoprolol

Social Context: Mr. Miles reports he lives by himself in his own home and can manage all activities of daily living independently, including his medication. Mr. Miles makes his own meals and enjoys doing his own garden and lawn. He also stated having very supportive friends in the Nelson region.

Driving history: Mr. Miles explained that he got his driving license at 16 years and has driven throughout NZ and extensively overseas in Europe, England, USA and Saudi Arabia.

Mr. Miles no longer owns his own car. “After having been told my car was to be written off after my accident I decided not to replace it. I would like a license just for work so I can drive the work cars I have no intention of buying a car of my own I am happy to use the taxi and to bike.”

Mr. Miles describes getting a part time job at the Nelson Museum 20 years ago and says he has never left. “I drive a work car the very odd time out to the storage facility in had to use a taxi last time I went to the storage facility and work wasn’t too happy about that.”

“Since being told not to drive I use taxi’s, ride my bike or electric trike to get to where I want to go.”

OFF-ROAD ASSESSMENT:

Physical Assessment:

Mr. Miles had the functional range of movement and strength for driving, present in his neck, trunk and all four limbs that was required for driving. His sensation, proprioceptive, kinaesthetic awareness and co-ordination were assessed in all four limbs and found to be grossly intact.

Mobility and transfers are independent without aids; sitting/standing static and dynamic balance is within normal limits.

Vision: Functional vision is intact. Mr. Miles wears glasses full time. His corrected vision was 6/6 for both eyes which meets the New Zealand Transport Agency (NZTA) visual standard of a minimum combined visual acuity of 6/12 for a Class 1 license. His peripheral vision is intact. To confrontation testing, visual fields were intact. He explained having previously had cataract surgery in both eyes in April and May 2017.

Cognitive Function:

Mr. Miles expressed that he did not have any memory problems and that he used a calendar to remember dates and appointment times.

Observation of Mr. Miles during the on-road driver assessment, and when completing aspects of the off-road assessment showed some short term and working memory impairment. He did not appear to have insight into the impact of his reduced cognitive function on his functional abilities, including driving.

Mr. Miles scored 70/130 in the SIMARD short term memory screen these results show he has some impaired short-term memory.

The standardised iPad based 'Drivesafe Driveaware' (DSDA) screening assessment was completed. DSDA is a cognitive screening tool that measures driver awareness of the driving environment and also the client self-rates their ability to drive. The iPad tests are age normed and so factors in relation to age have been accounted for. The client is shown 10 images of the same intersection on the screen, they are asked to observe each image and then indicate the position and direction of travel of each object (e.g. vehicle, pedestrian, cyclist) in the image. There is also an 'Intersection Diagram Test' which requires the client to apply the priority rules by determining the order in which vehicles proceed at an intersection.

Results:

Touch Screen Drive Safe (Assesses driver awareness of the driving environment)

Mr. Miles was given prompts with this one screen task due to difficulty remembering the on-screen instructions.

Score: 70/84

Comments

Missed objects: 3 out of 28 objects were missed.

Detail of answer: 11 missed out of 56 details regarding the category 'direction object was travelling'.

This result shows that Mr. Miles is 'likely to have difficulty making decisions in complex traffic.'

Following instructions: Required some instruction to operate the touchscreen iPad.

Touch Screen Drive Aware (Assesses driver awareness of their own abilities related to driving; client self-rating)

Score: 9/17

This score indicates that Mr. Miles has reduced awareness of his abilities and medical limitations with respect to driving. This score is the most concerning of this test.

Intersection Rules

Score: 5/8 Right of way (priority rules at intersections) was determined correctly in 5 out of 8 intersections.

Final DSDA result: *“Likely to fail an on-road assessment ” Mr. Miles is likely to struggle to manage the cognitive aspects of driving especially in complex traffic or changed traffic environments such as though road works.*

ON-ROAD DRIVING ASSESSMENT:

The 45-minute on-road assessment was carried out in the driving instructors Suzuki Swift. Present in the vehicle were Mr. Miles who was driving, Kevin Bannan the Driving Instructor (DI) in the front passenger seat, and this assessor in the left rear passenger seat. No modifications to the vehicle were required. The assessment commenced and finished at the Richmond Driving Clinic in Richmond. The drive was in Richmond and Appleby and surrounding areas in all dynamic traffic complexities. It was sunny with dry road surfaces and off-peak traffic at the time of the assessment.

The following driving behaviours were observed:

1. Observation

Mr. Miles checked his mirrors, but did not look over his shoulder, particularly when the road conditions were relatively complex (e.g. high traffic and busy roundabout areas).

2. Speed Control

Mr. Miles did not always comply with the stated speed limit. For example he drove at 58km in a 50km zone Lower Queen Street, 57km in a 50km traffic works zone on McShane Road and 55km in a 50km speed zone of Salisbury Road and Gladstone Road. He also drove at 60 km along the bridge on the Appleby Straight, a 50km speed zone. Mr. Miles often sped around corners when turning. Particularly on left hand corners for example into Mc Shane road, onto the Appleby Straight.

3. Planning and Judgement

Unfortunately Mr. Miles working memory and processing speed resulted in unsafe planning and judgement on the road with relation to his speed control and vehicle position. He was often caught at the wrong speed and sometimes did not pick a safe gap to move into traffic.

He also needed the driver instructor's intervention to get the vehicle into reverse once stopped in the supermarket carpark in Richmond. This is a concern for Mr. Miles as his aim is using fleet cars for his work at the hospital. Most of these are automatic but may have a slightly different gear arrangement. These results are consistent with the off-road cognitive screening.

4. Vehicle Positioning

Central lane position was consistently maintained however positioning was unsafe on several occasions particularly when waiting at roundabouts, give ways and lights. Mr. Miles came to a complete stop over 2 to 3 metres short of the limiting lines for no reason when he was first in the line of traffic. People behind him were wondering what he was doing . This behaviour may cause an accident as people will be expecting him to move right up to the limiting lines at intersections.

This was a consistent pattern of behaviour and indicates reduced spatial awareness and cognitive processing skills.

5. Reaction Time and Physical Control

Foot pedals were not used safely Mr. Miles has developed the bad habit of using his left foot to brake and his right foot to accelerate this is causing him not to locate the pedals accurately. The DI was very concerned with this action. By using this technique the brake pedals and accelerator were applied with inappropriate force at times and this technique is a dangerous one as one mix up and the car could be through the end of the garage for instance.

In summary, the medical issues identified in the off-road screening are impacting adversely on Mr. Miles ability to drive in all traffic complexities. Mr. Miles also demonstrated functional difficulties in aspects of his driving particular in relation to his double foot method on-road and unfortunately no longer meets the NZTA standard for driving safely on public roads

Conclusion: It is this assessor's opinion that Mr. Miles permanently surrender his driver license. It is time for Mr. Miles to retire from driving.

Mr. Miles is unhappy about the result of this assessment as he thinks he drove well. The assessor explained that he was fortunate as he was so savvy at using public transport, taxi's and is a very fit man who can still bike and use his electric trike. He was encouraged to use these modes of transport.

Curly client Number 2 Mr. Martin

Dr concerned

Date of Referral: 22/2/19
Date of Birth: 6/12/1940 (78 years old)
Licence Number: BS2345
Class: Class 1,6
Status: 6/12/2020
Conditions: Corrective lenses must be used for driving

Driver Assessment Report

Further to your referral, Mr. Martin completed an off and on-road driver assessment on 20/03/2019. The purpose of the assessment was to determine medical fitness to drive.

Overall Outcome: Not medically fit to drive any class

Prior to meeting this client, this assessor reviewed the documentation provided with the referral. The purpose of the assessment was reviewed with Mr. Martin and consent was given. Mr. Martin attended both assessments alone.

Background Information:

GP reports a recent diagnosis of Dementia with a MOCA score of 16/30

Relevant medical history according to Mr. Martin includes:

Bilateral Knee replacements 12 years ago

Otherwise describes self as a fit and healthy man.

Medications include: Atorvastatin, metoprolol, warfarin and cilapal

Mr. Martin reports that these medications do not have any effect on his driving.

Social Context: Mr. Martin reports he lives by himself in his own home and can manage all activities of daily living independently, including his medication.

Mr. Martin makes his all his own meals and enjoys doing his own garden and lawn. He also said he has a son in Blenheim and a supportive daughter in Dunedin.

Driving history: Mr. Martin said he got his driving license at 16 years in England and has driven throughout, England, Europe and NZ. Mr. Martin was a printer before he retired using his own car to drive to and from work.

Mr. Martin currently owns a four-wheel drive Nissan Terrano. He says he cannot remember when he brought it, the age or odometer reading. It has automatic transmission. He would like to continue driving to meet his personal, social and domestic needs around the Marlborough region.

He also expressed he would like to continue to drive to his batch in Endeavour inlet, a 2 hour drive from his home.

OFF-ROAD ASSESSMENT:

Physical Assessment:

Mr. Martin had the functional range of movement and strength for driving, present in his neck, trunk and all four limbs that was required for driving, despite slightly reduced left neck rotation. His sensation, proprioceptive, kinaesthetic awareness and co-ordination were assessed in all four limbs and found to be grossly intact.

Mobility and transfers are independent without aids; sitting/standing static and dynamic balance is within normal limits.

Vision: Functional vision is intact. Mr. Martins corrected vision was 6/12-1 in his right eye, 6/9 in his left eye and 6/9-1 in both eyes which meets the New Zealand Transport Agency (NZTA) visual standard of a minimum combined visual acuity of 6/12 for a Class 1 license. His peripheral vision is intact. To confrontation testing visual fields were intact. He was unable to tell the assessor when his last optometrist appointment was or if his prescription had changed at this time.

Cognitive Function:

Mr. Martin expressed that he did not have any memory problems and that he did not use a calendar to remember dates or appointment times. The assessor noticed a white board in his kitchen and asked if he used this but he explained his daughter brought it for him recently and he did not use it. Although the assessor noticed it did have some phone numbers on it.

Observations made by the assessor and interactions with Mr. Martin during the on-road driver assessment and when completing aspects of the off-road assessment showed short term and working memory impairment.

Mr. Martin had difficulty with word finding and needed to be helped to finish the off-road interview by the assessor giving him word choices for him to answer yes or no to. Mr. Martin seemed unaware of his difficulty in remembering times, dates and hobbies. He did not appear to have insight into the impact of his reduced cognitive function on his functional abilities, including driving. He often said I don't know, hit his legs in frustration or swore when the assessor asked him dates of his knee operation, last optometrist assessment, age of car for example.

Mr. Martin scored 3/130 in the SIMARD short term memory screen these results show he has very impaired short-term memory and is 'likely to fail an on-road Driving Assessment.'

The standardised iPad based 'Drivesafe Driveaware' (DSDA) screening assessment was completed. DSDA is a cognitive screening tool that measures driver awareness of the driving environment and also the client self-rates their ability to drive. The iPad tests are age normed and so factors in relation to age have been accounted for. The client is shown 10 images of the same intersection on the screen, they are asked to observe each image and then indicate the position and direction of travel of each object (e.g. vehicle, pedestrian, cyclist) in the image. There is also an 'Intersection Diagram Test' which requires the client to apply the priority rules by determining the order in which vehicles proceed at an intersection.

Results:

Touch Screen Drive Safe (Assesses driver awareness of the driving environment)

Mr. Martin was given significant prompts and physical assistance with this one screen task due to difficulty remembering the on-screen instructions.

Score: 59/84

Comments

Missed objects: 5 out of 28 objects were missed.

Detail of answer: 8 missed out of 56 details regarding the category 'direction object was travelling'.

Following instructions: Required instructions and assistance to operate the touchscreen iPad.

Touch Screen Drive Aware (Assesses driver awareness of their own abilities related to driving; client self-rating)

Score: 7/17 This score is the most concerning of this test and indicates that Mr. Martin has reduced awareness of his abilities and medical limitations with respect to driving.

Intersection Rules

Score: 7/8 Right of way (priority rules at intersections) was determined correctly in 7 out of 8 intersections.

Final DSDA result: *"Likely to fail an on-road assessment"* Mr. Martin is likely to struggle to manage the cognitive aspects of driving especially in complex traffic or changed traffic environments such as though road works and lacks insight into his driving ability.

ON-ROAD DRIVING ASSESSMENT:

The 45-minute on-road assessment was carried out in Mr. Martins Nissan Terrano. Present in the vehicle were Mr. Martin who was driving, Heather Richards the Driving Instructor (DI) in the front passenger seat, and this assessor in the left rear passenger seat. No modifications to the vehicle were required. The assessment commenced and finished at Mr. Martins home in Blenheim. The drive was in Blenheim in all dynamic traffic complexities. It was sunny with dry road surfaces and off-peak traffic at the time of the assessment.

The following driving behaviours were observed:

1. Observation

Mr. Martin failed to check his mirrors, or look over his shoulder on numerous occasions, particularly when the road conditions were relatively complex (e.g. pulling into traffic on two occasions and busy roundabout areas).

Examples of deficits on the drive were;

He was asked by the DI to complete an over the shoulder check twice when pulling back into traffic. He argued with the DI that he could see everything and did not have a blind spot even after the DI explained where blind spots were in a car and pulled into traffic without checking over his shoulder as asked. He did not adhere to speed zone signs for example 50km on Maxwell Road and a 30km sign on Hutcheson Street, (see below for more examples of speed issues).

The most significant impact of his impaired observational skills is that he is getting far too close or over the middle white line and on many occasions is driving in the middle of the road when there is no road markings. At these times he needed driver instructor intervention to encourage him to move the car back into the middle of the lane.

Drove over the middle white line on Eltham Street, Maxwell Road and Hutcheson Street,

Drove in the middle of road on Dillion Street, Parker Street and Muller Road where there were no road markings.

Mr. Martins reduced observation skills were consistent throughout the assessment and would not meet the NZTA driving standards.

2.Speed Control

Related to his reduced observational skills mentioned above, Mr. Martin did not always comply with the stated speed limit. For example, he at 60kmh in a 50km zone twice on Maxwell Road, in Muller Street and Seymour Street. He drove at 40 km in a 30km area in Hutcheson Street even when the DI asked what the speed limit was in this area. He was able to say it was a 30km and drove at 40km.

3.Planning and Judgement

Unfortunately, impaired working memory, reduced observation and processing speed resulted in unsafe planning and judgement on the road with relation to his speed control, and vehicle position and he was often caught in the wrong lane.

Examples of deficits in the drive include;

He did not pick a safe gap to go through the roundabout on Maxwell Road and Seymour Street he did not give way to his right even with a car having entered the roundabout on his right.

These results are consistent with the off-road cognitive screening.

4.Vehicle Positioning

Central lane position was inconsistently maintained and Mr. Martin straying over the white central line as mentioned about in the observation section. This occurred on straight sections of road .

This was a consistent pattern of behaviour and indicates reduced spatial awareness and cognitive processing skills.

5.Reaction Time and Physical Control

Foot pedals were located accurately. Although the accelerator and brake pedals were applied with inappropriate force at times and steering wheel use was uncoordinated at times particularly when turning to the right. He cut off most corners and went over the middle of the road at these times.

It is likely that this was due to afore-mentioned cognitive processing issues, which lead to delayed reactions to potential road hazards and unsafe application of his physical skills on the road.

In summary, the cognitive issues identified in the off-road screening are impacting adversely on Mr. Martins ability to drive in all traffic complexities. Mr. Martin demonstrated functional difficulties in all aspects of driving on-road and unfortunately no longer meets the NZTA standard for driving safely on public roads. As the delayed processing speeds noted are understood to be part of a permanent, and likely progressive medical condition, he is unlikely to benefit from lessons or to be successful with Driver Re-assessment.

Conclusion: It is this assessor's opinion that Mr. Martin permanently surrender his driver license. It is time for Mr. Martin to medically retire from driving.

Mr. Martin demonstrated aggressive behaviour toward the the DI during the on road assessment and at the end of the assessment threw his keys into the floor of his car and slammed the door. It was decided at this time by the DI and this assessor that due to Mr. Martins aggression it

Curly Client Number 3. Mr Spencer

Family concern

Date of Referral: 29/1/19
Date of Birth: 24/01/1942 (76 years old)
Licence Number: AB12345
Class: Class: 1
Status: Current – Expiry date 24/01/22
Conditions: Nil

Driver Assessment Report

Further to your referral, Mr Spencer completed an off and on-road driver assessment on 25/02/2019. The purpose of the assessment was to determine medical fitness to drive.

Overall Outcome: Medically fit to drive Class 1 with the following driving limitations;

To drive within the 50km zone of Picton only

Between 8am and 8pm only.

Prior to meeting this client, this assessor reviewed the documentation provided with the referral. The purpose of the assessment was reviewed with Ryan and written consent was provided. Ryan's daughter was present at the off road interview and for the findings of the on road test.

Background Information:

Relevant medical and background history according to the referral and Mr Spencer and his daughter includes:
Dementia MOCA 18/30 , lack of insight into memory impairment.

Mr Spencer's daughter reports her father is having trouble with his memory he used to drive to Blenheim on a regular basis but is finding navigating his way around Blenheim difficult now. He has recently forgotten where to find his hairdressers for instance. Mr. Spencer's daughter reports he has recently had an accident on the highway between Picton and Blenheim but now can't remember what happened. He currently owes money to cover the costs of repair to the other vehicle.

Mr Spencer's daughter is moving to Christchurch for a new job this week and is concerned about her father's ability to drive especially longer distances as she has often accompanied him.

Medications:

Mr Spencer and his daughter report he is currently on no medications.

Vehicle Driven: Mr Spencer owns and drives a Honda SMX 1999 model with an automatic transmission. The vehicle is free from major bumps or scrapes. He reported a clear driving history aside from the odd speeding ticket and no history of major accidents. Mr Spencer daughter disclosed two minor incidents that occurred in the past few years.

Mr Spencer stated that he learnt to drive at 12years old in Murchison and got his licence at 15 years, he has driven in both the North and South Islands of NZ and overseas in Europe, Australia and in the UK. He has always enjoyed driving

and in the past has been a confident driver. He operated a taxi while in Wellington as a part time job for a friend in Wellington many years ago and feels he has good driving skills.

Mr Spencer would like to be able to continue to drive locally in the Picton and Blenheim districts only to meet his personal, social needs. Mr Spencer daughter currently lives in Picton and often accompanies her father on trips to Blenheim but reports driving independently to see his friend in Spring Creek twice a week and going to Waikawa Bay daily to watch the world go by, (a 6km trip one way in the 50km zone of Picton.)

Psychosocial

Mr Spencer lives by himself in a small flat and can complete his self- management tasks independently. His daughter says her father can make his own breakfast and lunch but she assists with his main meal and pays for a cleaner privately once a week to complete the major household chores.

OFF-ROAD ASSESSMENT:

Physical Assessment:

Mr Spencer was assessed as having full functional range of movement and strength for driving - present in trunk and all four limbs and neck. His sensation, proprioceptive, kinaesthetic awareness and co-ordination were assessed in all four limbs and found to be intact. Mobility and transfers are independent without aids; sitting/standing static and dynamic balance is within normal limits.

Note that Mr Spencer said he would be able to walk a kilometre before needing a rest but his daughter disclosed this is not the case and said he cannot walk to the corner dairy.

Corrected vision meets the New Zealand Transport Agency (NZTA) visual standard of a minimum combined visual acuity of 6/12 for a Class 1 licence. *Right eye, and left eye, both eyes 6/12.* Reports nil glaucoma, cataracts. No issues with slow tracking, fast horizontal and vertical visual tracking and close to distance tracking. No reported blurred or double vision, flashing lights, missing spots. To confrontation, visual fields intact.

Cognitive Function:

The standardised iPad based 'Drivesafe Driveaware' (DSDA) screening assessment was completed. DSDA is a cognitive screening tool that measures driver awareness of the driving environment and also the client self-rates their ability to drive. The iPad tests are age normed and so factors in relation to age have been accounted for. The client is shown 10 images of the same intersection on the screen, they are asked to observe each image and then indicate the position and direction of travel of each object (e.g. vehicle, pedestrian, cyclist) in the image. There is also an 'Intersection Diagram Test' which requires the client to apply the priority rules by determining the order in which vehicles proceed at an intersection. Results:

<i>Touch Screen DriveSafe</i> (Assesses driver awareness of the driving environment)	
Score: 25/84	Comments
Missed objects	21 out of 28 objects were missed.
Detail of answer	Missed 38 out of 56 details regarding the category 'direction object was travelling'.
Following instructions	Required major assistance to operate the touchscreen iPad.
<i>Touch Screen DriveAware</i> (Assesses driver awareness of their own abilities related to driving; client self-rating)	
Score: 5/17	There is a significant mismatch of this client's actual ability and their belief of their own ability. In other words Mr Spencer has significantly reduced awareness of his abilities and limitations, and has reduced insight on how his medical status is likely to impact on his driving.
<i>Intersection Rules</i>	
Score: 5/8	Right of way (priority rules at intersections) was determined correctly in 5 out of 8 intersections.
Time taken to complete test	4 minutes and 5 seconds . Research indicates the median time taken to complete Intersection Rules for people who pass an occupational therapy on-road assessment is 2 minutes and 38 seconds, and for people who fail the assessment, 3 minutes and 49 seconds. Mr. Spencer is likely to have difficulty making decisions at a safe and timely speed when driving.
<i>Final DSDA result:</i>	"Likely to fail an on-road assessment" Mr. Spencer is unlikely to manage the cognitive aspects of driving.

SIMARD-MD

The SIMARD-MD is a screening tool for the identification of the cognitively impaired medical at-risk driver. The SIMARD-MD assesses immediate recall, number conversion, word finding and delayed recall. The lower the score the higher the cognitive impairment.

- **Number Conversion Score: 20**
- **Supermarket Task Score: 16**
- **Repeat of the Word List: 0**

Total Score: 36 (Max. 130)

Drivers who score is > 70 are flagged as fit to drive and drivers who score < 30 are flagged as unfit to drive. Mr Spencer falls within the “grey area” so further assessment would be required. Mr Spencer stated in the off-road assessment has noticed the depreciation of his memory which he reported used to be optimal. This score signifies that there could be a cognitive impairment apparent that would mean Mr Spencer is a medical at-risk driver but further assessment is required.

ON-ROAD DRIVING ASSESSMENT:

Following the cognitive findings shown in the off road assessment, outlined above, it was decided by the driving instructor and assessor that Mr. Spencer is now unfit to drive on the main highway between Picton and Blenheim and within the Blenheim district. Therefore this on road assessment was to assess whether or not Mr Spencer was able to drive in his local area only in the 50km zone of Picton in daylight hours.

The 40-minute on-road assessment commenced at 2.15pm and was carried out in Mr Spencer’s car. Present in the vehicle were Mr Spencer who was driving, Heather Richards the Driving Instructor (DI) in the front passenger seat, and this assessor in the rear right seat. No modifications were used and Karl was asked to sit in the driver seat as he would normally sit. The assessment commenced and ended at his home in Picton. The drive was in Picton and to Waikawa Bay and surrounding areas in dynamic traffic complexities. It was sunny with dry surfaces and off-peak traffic at the time of the assessment.

The following driving behaviours were observed:

1. Observation

Effective observational skills were demonstrated including scanning of the forward road environment and at intersections (forward, behind, left and right) when required to give way and stop. Mr Spencer used his centre mirror and side mirrors to provide visual information when braking, changing lanes, turning etc. All traffic signs and road markings were observed. Mr Spencer was aware of hazards and this was demonstrated by slowing appropriately for hazards and/or manoeuvring around them; for example pedestrians and other road users. Mr Spencer performed centre mirror checks consistently when he was turning left, merging and changing lanes to check for cyclists other road users. Mr Spencer's use of effective observation skills was consistent throughout the entirety of the assessment.

2. Speed Control

Mr Spencer drove in 50 and 30km zones and was able to state the posted limits. All Mr Spencer's driving was at or just below the speed limit for the duration of the assessment and speeds were reached within a reasonable timeframe. All intersections were approached at an appropriate speed. Acceleration and braking manoeuvres were controlled in an appropriate and timely manner at all times. At no time was DI intervention required for speed control.

3. Planning and Judgement

All simple and multi-step verbal DI instructions for the driving route were followed. Appropriate and timely decisions were made at all intersections when pulling out, resulting in safe and timely gap selection. All intentions to other drivers were indicated consistently. Karl was able to converse and drive when appropriate and also initiated conversation. He demonstrated the ability to concentrate and make rapid decisions when necessary in a safe and timely manner at all times for the duration of the on-road drive. Neurogenic fatigue did not appear to impact on ability to drive over a 40 minute period and the competent driving standard was maintained for the duration of the assessment. Mr Spencer planned well ahead in anticipation of potential and actual hazards. Priority rules were applied correctly at intersections. At no time was DI intervention required to avoid a crash.

N.B The driving instructor purposely took Mr Spencer backwards and forwards all over Picton to ensure Mr Spencer could competently show the assessors he was able to navigate and know where he was at all times. He showed this by telling the instructor road names and preempting turns for example, "Shall I turn here toward the supermarket?"..... " Shall I turn up High Street toward the water..."

4. Vehicle Positioning

Central lane position was maintained on all roads (marked and unmarked, straight and winding) and intersections. Safe following distances were consistently achieved and buffer zones when manoeuvring around obstacles/parked vehicles on the side of the road, were consistently appropriate. This was a consistent pattern of driver behaviour. Appropriate spatial awareness was demonstrated at all times, and no DI intervention was required. Throughout the assessment Mr Spencer's vehicle positioning and gap selection was appropriate, safe and effective.

1. Reaction Time and Physical Control

Competent use of the vehicle controls was demonstrated at all times including secondary functions (e.g. indicators/wipers/ air conditioning/sun visor). Foot pedals were located accurately and the accelerator and brake pedals were applied with appropriate force; the drive was smooth and comfortable for the assessor. Steering wheel use was coordinated and controlled at all times with either one or both hands. Alan reacted in a timely manner to all road hazards and the emergency brake test at 50km/hr was completed swiftly and to the assessor's satisfaction. Mr Spencer demonstrated physical ability to drive a Class 1 vehicle in a 50km area and the previously discussed memory condition did not impact on the physical ability to drive according to NZTA standards.

In summary, Mr Spencer's memory is not having an adverse impact on his ability to drive in the traffic complexities in his local area, the 50km zone of Picton. This is likely to be so familiar in driving in this area and being a commercial driver in the past.

Conclusion: It is this assessor's opinion that Mr Spencer is currently medically and functionally fit to drive on the condition that he drives in the 50km area of Picton, a 6km zone from his home, in daylight hours only.

NB. It is uncertain at this time if Mr Spencer will continue to remember this condition and distance limitation is on his licence. If he does not show that he can adhere to this distance limitation his licence will need to be removed.

I have asked that Mr Spencer's daughter make contact with Mr Spencer's friend in Spring Creek and tell him of this driving restriction so that he can come to visit him in Picton.

Also, as Mr Spencer will no longer be supported by his daughter on a daily basis for an evening meal and he does not have any friends or family in Picton is there any way he can be assessed for his suitability for support for help in this area such as meals on wheels?

Please contact me if you require any further information or have any queries. As Mr Spencer's medical condition is likely to progress please do not hesitate to contact me should you require a further on road assessment in 6 or 12 months time.

Mr Spencer and his daughter were encouraged to meet with you to discuss this report.

Curly Customer Number 4. Mr Lee

Family very concerned stepson taken car off him.

Date of Birth: 23/7/1935 (83 years old)
License Number: Bd12345
Class: Class 1,2,4,6
Status: Expiry ? License has been lost, a temporary license was issued for the purpose of this assessment
Conditions: Correcting lenses must be worn

Driver Assessment Report

Further to your referral, Mr. Lee completed an off-road assessment on 20/11/2018 and an on-road driver assessment on 4/12/18. The purpose of the assessment was to determine medical fitness to drive following concerns from family members after a recent hypomanic episode.

Overall Outcome: Medically fit to drive class 1 with the following conditions;

Must drive an automatic vehicle only

Classes 2,4,6 be removed from license, as these are no longer required

Prior to meeting this client, this assessor reviewed the documentation provided with the referral. The purpose of the assessment was reviewed with Mr. Lee and written consent was provided.

Background Information:

Relevant medical and background history according to the referral and Mr. Lee includes:

- Recent hypomanic episode, this has resolved . Mr. Lee says this was due to a high level of stress due to issue with bank accounts and wife's dementia.
- No further health conditions were listed on the driving referral or reported by Mr. Lee.

Medications include:

Colecalciferol 1.25mg

Finasteride 5mg

Aspirin 100mg

Olanzapin 10mg

Atorvastatin 40mg

Terazosin 2mg

Sodium valproate 100mg

Mr. Lee reports these medications do not effect his ability to drive.

Vehicles Driven: Mr. Lee drives a 2004 automatic Mercedes Benz C180 which he and his wife were given by his stepson in 2005. He explained to the assessor that the car is still registered in his stepson's name and at the time of his episode his stepson had removed the vehicle as he was concerned for his and his mother's safety.

He has not driven since this episode and has been relying on others to drive him or pick up items in the past month.

Mr. Lee self-reports nil crashes or driving incidents.

Mr. Lee reported driven Class 1, 2,4 and 6 vehicles in the past with his role in the territorials where he was in charger of the transport platoon and therefore needed his H T licenses. His employment as a teacher required him at times to drive the rural school bus and his own private car. He reports having driven in the North and South Island of NZ and in Australia.

Mr. Lee lives with his wife in their own home in Mapua having moved there after retiring at 80 years from teaching in Auckland. The Lee's currently have a full-time live in carer to support Mrs Lee and she completes all of the meals and domestic tasks also.

Mr. Lee describes driving his private car to go to the doctors, and shops in Mapua, into Richmond and Motueka to complete odd jobs, supermarket shopping, visit family and friends and to take his wife on outings. He reports predominantly driving in off peak traffic times and within daylight hours mostly to access the places she needs to go.

He would like to be able to continue to drive locally in the Nelson and Tasman region to meet his personal and social needs.

OFF-ROAD ASSESSMENT:

Physical Assessment:

Mr. Lee was assessed as having full functional range of movement and strength for driving, present in his neck, trunk and all four limbs. His sensation, proprioceptive, kinaesthetic awareness and co-ordination were assessed in all four limbs, and found to be intact.

Mobility and transfers are independent without aids; sitting/standing static and dynamic balance is within normal limits. Sensation intact: tactile, proprioception, kinaesthesia.

Mr. Lee wears glasses full time and had some cataract surgery 2 1/2 years ago. His last optometrist appointment was in 2017. His vision meets the New Zealand Transport Agency (NZTA) visual standard of a minimum combined visual acuity of 6/12 for a Class 1 license. *Right eye 6/6 and left eye 6/6 both eyes 6/6 with corrective lenses.* No issues with slow tracking, fast horizontal and vertical visual tracking and close to distance tracking. No reported blurred or double vision, flashing lights, missing spots.

Cognitive Function:

The standardised iPad based 'Drivesafe Driveaware' (DSDA) screening assessment was completed. DSDA is a cognitive screening tool that measures driver awareness of the driving environment and also the client self-rates their ability to drive. The iPad tests are age normed and so factors in relation to age have been accounted for. The client is shown 10 images of the same intersection on the screen, they are asked to observe each image and then indicate the position and direction of travel of each object (e.g. vehicle, pedestrian, cyclist) in the image. There is also an 'Intersection Diagram Test' which requires the client to apply the priority rules by determining the order in which vehicles proceed at an intersection. Results:

<i>Touch Screen DriveSafe</i> (Assesses driver awareness of the driving environment)	
Score: 67/84	Comments
Missed objects	7 out of 28 objects were missed.
Detail of answer	Missed 10 out of 56 details regarding the category 'direction object was travelling'.
Following instructions	Required minimal assistance to operate the touchscreen iPad as has used an iPad before.
<i>Touch Screen Drive Aware</i> (Assesses driver awareness of their own abilities related to driving; client self-rating)	
Score: 12/17	Mr. Lee has some awareness of his driving abilities and limitations but this needs to be further assessed on road,
<i>Intersection Rules</i>	
Score: 6/8	Right of way (priority rules at intersections) was determined correctly in 7 out of 8 intersections.
<i>Final DSDA result:</i>	<i>"Requires further testing, an on- road assessment is required ."</i>

SIMARD SHORT TERM MEMORY TEST

Scored 50/130 showing Mr. Lee is having some difficulty with his immediate short-term memory.

ON-ROAD DRIVING ASSESSMENT:

The 45-minute on-road assessment commenced at 12:30pm and was carried out in Mr. Lee's automatic Mercedes Benz. Present in the vehicle were Mr. Lee who was driving, Kevin Bannan the Driving Instructor (DI) in the front passenger seat, and Kirsten Mirfin Driving Occupational Therapist in the left rear passenger seat. No modifications to the vehicle were required. The assessment commenced and ended at Mr Lee's home in Mapua. Mr. Lee drove from Mapua to Richmond and return. The drive included 30km, 50km, 100km, 80km and 30km traffic complexities. It was fine and surfaces were dry. Traffic was off peak at the time of the assessment.

The following driving behaviours were observed:

Observation

Effective observational skills were demonstrated including scanning of the forward road environment and at intersections (forward, behind, left and right) when required to give way and stop. Frequent mirror checks were performed when right-of-way was available. All traffic signs and road markings were observed. Mr. Lee was aware of hazards, which was demonstrated by slowing appropriately for hazards and/or manoeuvring around them, for example pedestrians and other road users. Two cars pulled out in front of Mr. Lee in the assessment drive and he slowed down and drove defensively on both occasions.

Speed Control

Mr. Lee drove in a variety of speed zones and was able to state the posted limit . All driving was at or just below the speed limit for the duration of the assessment. Speed was appropriate for the road conditions. Cornering speed was appropriate. Speed was altered accordingly for bends in the road and the vehicle was slowed appropriately to manoeuvre around obstacles. All intersections were approached at an appropriate speed. Acceleration and braking manoeuvres were controlled in an appropriate and timely manner at all times. At no time was DI intervention required for speed control.

Planning and Judgement

All simple verbal DI instructions for the driving route were followed. Appropriate and timely decisions were made at all intersections when pulling out, resulting in safe and timely gap selection. All intentions to other drivers were indicated consistently. The client was able to converse and drive when appropriate and also initiated conversation. Mr. Lee demonstrated ability to concentrate and make decisions when necessary in a safe and timely manner at all times for the duration of the on-road drive. Neurogenic fatigue did not appear to impact on ability to drive over a 45 minute period and the competent driving standard was maintained for the duration of the assessment. The client planned well ahead in anticipation of potential and actual hazards. Priority rules were applied correctly at intersections. At no time was DI intervention required to avoid a crash. Mr Lee was able to name the street names he was on and was able to self -navigate his way home from Richmond.

Vehicle Positioning

Central lane position was maintained on all roads (marked and unmarked, straight and winding) and intersections. Safe following distances were consistently achieved and buffer zones when manoeuvring around obstacles/parked vehicles on the side of the road, were consistently appropriate. This was a consistent pattern of driver behaviour. Appropriate spatial awareness was demonstrated at all times, and no DI intervention was required.

Reaction Time and Physical Control

Competent use of the vehicle controls was demonstrated at all times including secondary functions (e.g. indicators / gear air conditioning/ sun visor) this was a credit to her as she was using a vehicle that she was not familiar with and had not been prepared to use but managed this change well. Foot pedals were located accurately and the accelerator and brake pedals were applied with appropriate force; the drive was smooth and comfortable for the assessor. Steering wheel use was coordinated and controlled at all times with either one or both hands. The client reacted in a timely manner to all road hazards this client demonstrated physical ability to drive an automatic vehicle and the previously discussed memory issues did not impact on the physical ability to drive according to NZTA standards.

Conclusion: It is this assessor's opinion that Mr Lee be supported to continue driving as per his class 1 license within the condition of driving automatic vehicles only. Mr Lee showed he does have currently the insight to know his driving limits. Please contact me if you require any further information. The client was encouraged to meet with you to discuss this report.