A Job Analysis Study of the
Driver Rehabilitation Specialist

October 2015

Conducted for the
The Association for Driver Rehabilitation Specialists

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EXECUTIVE SUMMARY

The job analysis described in this report was conducted in 2015 at the request of The Association for Driver Rehabilitation Specialists (ADED). The purpose of the study was to describe the job of the Driver Rehabilitation Specialist (DRS) in sufficient detail to provide a basis for a national certification examination and ensure that the content of the examination is job-related.

The ADED Advisory Committee (AC) conducted the activities necessary to identify job responsibilities and to develop the test specifications for the certification examination. The AC represented varied national regions and practice settings. All AC members were experts in the duties and activities associated with the profession.

The AC developed test specifications for the examination based on their expert judgment. The AC was responsible for the following tasks regarding the job analysis study:

- defining the purpose of the examination,
- defining the target practitioner, and
- developing a detailed content outline to form the basis for future item writing and test construction tasks.

A logical job analysis procedure was used to describe the job responsibilities of the Driver Rehabilitation Specialist. The AC used this description as a basis for the creation of test specifications to be used to construct the ADED examination. The specifications were developed based on the expert judgment of the members of the AC. These specifications were distributed to a larger group of content experts to validate the work of the AC as well as for additional review and comment. The resulting test specifications and detailed content outline will be used by the ADED Examination Development Committee to assemble future test forms.
INTRODUCTION

The job analysis described in this report was conducted in 2015 at the request of the Association for Driver Rehabilitation Specialists (ADED). The purpose of the job analysis was to describe the job of the Driver Rehabilitation Specialist (DRS) in sufficient detail to provide a basis for a national certification examination and ensure that the content of the examination is job-related.

ADED appointed an Advisory Committee (AC) to complete a logical job analysis study of the DRS and to create test specifications to be used in developing the ADED certification examination.

METHODOLOGY

Forming the Advisory Committee

The members of the AC were subject matter experts. All were members of the ADED and thoroughly familiar with the skills and activities required of the Driver Rehabilitation Specialist. The AC members are listed in Table 1.

Table 1. Job Analysis Advisory Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon Geiger, M.S. Ed., CDRS</td>
<td>Carbondale, Illinois</td>
</tr>
<tr>
<td>Richard Backs, Ph.D., CDRS</td>
<td>Mount Pleasant, Michigan</td>
</tr>
<tr>
<td>Alyssa Merilees, OT, CDRS</td>
<td>Montreal, Quebec</td>
</tr>
<tr>
<td>Daniel Cox, CDRS</td>
<td>Richmond Heights, Ohio</td>
</tr>
<tr>
<td>Eva Marie Richardville, OTR, CDRS, CAPS</td>
<td>Fort Wayne, Indiana</td>
</tr>
<tr>
<td>Lynn Hedrick, MA, CCC, SLP, CDRS</td>
<td>Phoenix, Arizona</td>
</tr>
<tr>
<td>Peggy Gannon, CTRS, CDRS</td>
<td>Jacksonville, Florida</td>
</tr>
<tr>
<td>Matthew Pagels, RKT, CDRS</td>
<td>Hampton, Virginia</td>
</tr>
<tr>
<td>Chad Strowmatt, LOT, CDRS</td>
<td>Houston, Texas</td>
</tr>
</tbody>
</table>

Advisory Committee Responsibilities

Each member of the AC invested a significant amount of time to help ensure a successful job analysis study. We are grateful to each of these professionals for their guidance, expertise, and devotion to this complex project. The members of the AC were tasked with reviewing a number of sources and determining the content of the ADED examination. Considering these resources, the AC used their expert judgment and made all final decisions regarding content that would be tested on this exam.
Resources

The AC used several resources in making decisions that affected the makeup of the ADED examination specifications. The previous detailed content outline (DCO) for examination served as the primary point of reference for this study. In addition, the members of the AC were highly experienced Driver Rehabilitation Specialists from a variety of job settings, geographic locations, and number of years certified. Accordingly, they relied on their many experiences to modify and update the existing DCO as they deemed appropriate.

RESULTS

Creation of the Task List

The AC met via web conference on May 21, 2015 to create a draft content outline and test specifications. Based on their review of the resources, members of the AC shared ideas about reorganizing portions of the existing content outline and the need for changes in tasks on the outline. The committee went through multiple iterations of revising the major domains of the task list followed by adding, removing, rearranging, or changing the individual tasks. The AC discussed that tasks on the list should reflect the important areas of practice for the DRS.

The task list was organized into a draft detailed content outline (DCO) after the meeting. The AC reviewed the draft and minor revisions were made before the AC was satisfied with the final draft.

The AC discussed changes in the diagnoses of clients the DRS works with. Specifically, the AC noted an increase in diversity of diagnoses, particularly those related to aging, autism spectrum disorder, ADHD, post-traumatic stress disorder, and traumatic brain injury. Although specific diagnoses are not part of the content outline, the AC suggested that the certification examination committee should work toward increased attention to these trends as they write items linked to tasks on the outline.

Verification of Final Task List

As a verification check of the work performed by the AC, 51 practitioners were invited to respond to a short survey to gauge their reactions to the draft DCO. The complete survey is presented in Appendix A. A complete summary of survey responses is included as Appendix B.

The survey results substantially confirmed the AC’s initial judgments, and the AC judged that the survey responses validated that the draft DCO was appropriate for creating the ADED Certification Examination content and specifications.

Content Allocation

To determine how the 100 examination items should be allocated across the 3 major content domains, the survey respondents were asked to indicate what percent of the examination should be devoted to each domain. The AC compared the means of the responses to their own opinions and decided on final allocations.
Cognitive Complexity

After the content allocation was completed, the next step involved defining the cognitive complexity of the content. A complexity scale was designed to determine the cognitive level of individual tasks that were typically performed on the job. The AC discussed each section of the content outline, and considered the relative complexity of tasks within the section, using the descriptions described in Table 2. They then determined a distribution of items across each major section by the categories of recall, application, and analysis. Section and task complexity is based on Bloom’s *Taxonomy of Educational Objectives* (1956, pp. 201-207).

<table>
<thead>
<tr>
<th>Cognitive Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall</td>
<td>Requires only the identification, recall, or recognition of isolated information, such as specific facts, generalizations, concepts, principles, or procedures. The information generally does not vary relative to the situation.</td>
</tr>
<tr>
<td>Application</td>
<td>Requires comprehension, interpretation, or manipulation of limited concepts or data, in which the response or outcome is situationally dependent, but not overly complex (e.g., application of knowledge which varies based on patient characteristics and environment). Tasks that require candidates to recognize elements and relationships among data and to classify, explain, or differentiate are usually application level.</td>
</tr>
<tr>
<td>Analysis</td>
<td>Requires the integration or synthesis of a variety of concepts or elements to solve a specific problem situation (e.g., evaluating and rendering judgments on complex problems with many situational variables).</td>
</tr>
</tbody>
</table>

The AC finally determined the total distribution of exam questions and cognitive levels, as summarized in Table 3.

The final content outline and test specifications are shown in Appendix C.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Program Organization</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>2. Client Assessment</td>
<td>6</td>
<td>25</td>
<td>19</td>
<td>50</td>
</tr>
<tr>
<td>3. Results Interpretation and Plan Implementation</td>
<td>4</td>
<td>13</td>
<td>23</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>43</td>
<td>45</td>
<td>100</td>
</tr>
</tbody>
</table>

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CONCLUSION

The job analysis described in this report was undertaken to provide evidence supporting content valid inferences from examination scores. The study was conducted to determine and comprehensively describe the job of the Driver Rehabilitation Specialist, to evaluate this description through the judgment of content experts, and to define areas that should be assessed in the examination.

ADED formed the AC, who prepared a comprehensive list of activities describing the job. The AC reviewed the previous detailed content outline and other resources and used their expert judgment to develop the new ADED test specifications directly related to the important activities performed by Driver Rehabilitation Specialists. The AC’s initial decisions on the new Detailed Content Outline (DCO) were evaluated by additional experienced professionals through a validation process. All comments received were evaluated by the AC, who approved the final DCO and test specifications. The test specifications represent the development plans for job-related multiple-choice examinations. Each form of the examination will contain the specified number of items distributed across the content areas and complexity levels. Because each test form will be developed to match these job-related test specifications, valid content-related inferences can be drawn about candidates’ abilities to perform as Driver Rehabilitation Specialists.
REFERENCES

# Appendix A. ADED Job Analysis Survey

## ADED Job Analysis Validation 2015

The Association for Driver Rehabilitation Specialists (ADED) recently convened a panel of subject matter experts to evaluate and revise the content outline and test specifications for the ADED Driver Rehabilitation Specialist Certification Examination. The purpose of this survey is to gather the reactions to the revised outline from a larger group of subject matter experts.

The survey asks you to respond to various sections of the draft content outline, which are presented within the survey. Your input will help ensure the validity of credentialing decisions made on the basis of examination results, which helps protect the integrity of the CDRS credential.

We estimate that the survey should take about 30 minutes of your time. Your name will not be linked to your responses in any way. All responses will remain anonymous, and individual responses will remain confidential.

Please complete the survey before August 19, 2015. Technical assistance with this study is being provided by Applied Measurement Professionals, Inc. If you have any questions about the survey, please send a message to Daniel H. Breidenbach, PhD, at dbreidenbach@amp.com.

## Respondent Information

To help document the validity of the CDRS Examination content outline, we need to include information about the survey respondents who helped validate the outline. Please answer the following questions. This information is confidential and will be used only to analyze data across different groups of respondents. Individual responses will not be tracked.

*Please enter the number of years of experience you have been involved in driver rehabilitation. (Whole numbers only.)*


Which one of the following options BEST describes your professional background?

- [ ] Driver Instruction/Educator
- [ ] Engineering
- [ ] Kinesiotherapy
- [ ] Occupational Therapy
- [ ] Physical Therapy
- [ ] Recreational Therapy
- [ ] Rehabilitation Counseling
- [ ] Speech/Language Pathology
- [ ] Vehicle Modifier

Other (please specify)


*In what country do you provide most of your driver rehabilitation services?*
ADED Job Analysis Validation 2015

Canada

In what province or territory do you provide most of your driver rehabilitation services?

United States

*In what state or territory do you provide most of your driver rehabilitation services?

State:

Instructions

On the following pages of the survey, a section of the content outline will be presented, and you will be asked to indicate your level of agreement with a statement that the given section completely describes the important tasks required for competent performance as a Driver Rehabilitation Specialist.

The content outline is organized in three major content domains, and each domain has two subdomains as shown here. Each subdomain will be presented separately.

If you respond that you Disagree or Strongly Disagree with the statement that the subdomain completely describes the important tasks required for competent performance as a Driver Rehabilitation Specialist, you will be required to offer feedback on what is missing or what does not belong in the section.

To see how the sections fit together as a whole, a copy of the entire draft outline was included with the survey link. If you need us to resend the draft outline to you, send a message to Daniel H. Breidenbach, PhD, at dbreidenbach@goamp.com.

Driver Rehabilitation Specialist Draft Content Outline

1. PROGRAM ORGANIZATION
   A. Conduct Program Administration
   B. Collect, Organize, and Evaluate Referral Information

2. CLIENT ASSESSMENT
   A. Perform Clinical Assessment
   B. Perform In-Vehicle Assessment

3. RESULTS INTERPRETATION AND PLAN IMPLEMENTATION
   A. Interpret Assessment Results
   B. Plan and Implement Recommendations

Subdomain 1A: Conduct Program Administration

The first content domain addresses program administration, and subdomain 1A deals with the ability of the DRS to conduct program administration.

Consider the tasks and subtasks within 1A before responding to the following statement.
Section 1

1. PROGRAM ORGANIZATION
   A. Conduct Program Administration
      1. Develop and maintain protocols for
         a. referral/scheduling procedures
         b. assessment services (e.g., clinical, behind-the-wheel)
         c. training and education (e.g., develop course content)
         d. documentation (e.g., reports, prescriptions, follow-up services)
         e. assessment equipment/tools (procurement, maintenance, safety, etc.)
         f. functional inspection (vehicle, equipment, client performance, etc.)
   2. Identify standards, regulations, recommended practices, and guidelines from
      state/provincial, national, and international entities
      a. licensing regulations (e.g., business, facility, individual)
      b. adaptive driving equipment/vehicle modification
      c. professional standards and credentials (e.g., ADED)
      d. government regulations (state/provincial and federal)
   3. Discuss service delivery options and limitations with potential clients
   4. Obtain from client informed consent to collect and release pertinent information
   5. Provide driver rehabilitation consultation to clients, families, medical professionals,
      insurance companies, etc.

   B. Collect, Organize, and Evaluate Referral Information
      1. Confirm medical consent for driver rehabilitation services
      2. Review medical information from client’s representatives to determine eligibility for
         driving assessment (e.g., diagnosis, seizure history, medications and effects, visual
         deficits)
      3. Review driving history (e.g., license status, collisions, violations)
      4. Determine communication status (primary language, hearing, speech)
      5. Determine funding and reimbursement eligibility
      6. Review personal vehicle and/or equipment information

*Subdomain 1A fully describes the important tasks required for the DRS to demonstrate competence in
conducting program administration.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Feedback on Subdomain 1A

Give reasons why you disagree with the statement on the previous page. What is missing from subdomain 1A, or what
does not belong? Remember that the outline is meant to describe the important tasks for competent performance as a
Driver Rehabilitation Specialist.
Subdomain 1B: Collect, Organize, and Evaluate Referral Information

The second subdomain domain lists tasks related to the dealing with referral information.

Consider all of the tasks in the subdomain 1B before responding to the following statement.

Subdomain 1B

1. PROGRAM ORGANIZATION
   a. Collect, Organize, and Evaluate Referral Information
      1. Confirm medical consent for driver rehabilitation services
      2. Review medical information from client's representatives to determine eligibility for driving assessment (e.g., diagnosis, seizure history, medications and effects, visual deficits)
      3. Review driving history (e.g., license status, collisions, violations)
      4. Determine communication status (primary language, hearing, speech)
      5. Determine funding and reimbursement eligibility
      6. Review personal vehicle and/or equipment information

*Subdomain 1B fully describes the important tasks required of the DRS when working with referral information.

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

Feedback on Subdomain 1B

Give reasons why you disagree with the statement on the previous page. What is missing from subdomain 1B, or what does not belong? Remember that the outline is meant to describe the important tasks for competent performance as a Driver Rehabilitation Specialist.
Submain 2A: Perform Clinical Assessment

The next subdomain lists tasks related to performing clinical assessment.

Consider all of the tasks within this subdomain before responding to the following statement.
2. CLIENT ASSESSMENT
   A. Perform Clinical Assessment
      1. Select assessments, tools, and vehicles appropriate to diagnosis and prognosis
      2. Develop quick rapport with client and other involved parties
      3. Interview client and other involved parties to complete and verify
         a. medical history (e.g., medications, pain, etc.)
         b. driving history
         c. social support
         d. communication status (hearing, primary language, comprehension, and speech)
      4. Determine current and future needs for client driving with respect to
         a. medical diagnosis
         b. mobility aid use
         c. environment (e.g., terrain, location, climate)
         d. vehicular needs and preferences
      5. Perform physical/functional assessment including
         a. range of motion, muscle strength, muscle tone, endurance
         b. coordination
         c. sensation, proprioception
         d. reaction time
         e. static and dynamic balance
         f. ambulation/transfer, mobility aids, and orthotic devices
         g. seating considerations
      6. Perform visual and visual-perceptual assessments including
         a. visual acuity, night vision, glare vision/recovery, contrast sensitivity
         b. stereopsis and depth perception
         c. color perception
         d. ocular motor skills (visual pursuits and saccades)
         e. visual field and scanning
         f. visual perception (figure/ground, spatial relations, form constancy, visual memory, visual closure, visual discrimination)
         g. visual information processing
      7. Perform cognitive assessment through evaluation and observation of
         a. memory
         b. attention (e.g., sustained, selective, divided, and alternating)
         c. reasoning and insight
         d. judgment and decision making
         e. self-regulation of behavior
         f. executive functioning
         g. road sign recognition / right-of-way application
      8. Compile results of clinical assessments, and communicate results with involved parties (e.g., client, family, medical team, third-party payers, driver rehabilitation specialists, licensing authority)
      9. Refer client as appropriate to
         a. licensing agency for proper credentialing
         b. wheelchair seating clinic
         c. medical specialist (e.g., vision clinic, neuropsychology evaluation)
         d. therapeutic intervention to improve candidacy
         e. on-road evaluation
**ADED Job Analysis Validation 2015**

*Subdomain 2A fully describes the important tasks required of the DRS when performing clinical assessments.*

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

**Feedback on Subdomain 2A**

Give reasons why you disagree with the statement on the previous page. What is missing from subdomain 2A, or what does not belong? Remember that the outline is meant to describe the important tasks for competent performance as a Driver Rehabilitation Specialist.

*Enter your feedback below:

---

**Subdomain 2B: Perform In-Vehicle Assessment**

The next subdomain lists tasks related to performing in-vehicle assessments.

Consider all of the tasks within the subdomain before responding to the following statement.
2. CLIENT ASSESSMENT

B. Perform In-Vehicle Assessment
   1. Select driving environment and route to achieve evaluation goal
   2. Customize vehicle and adaptive equipment for evaluation (e.g., primary and secondary controls)
   3. Observe pre-driving tasks
      a. entry and exit skills
      b. loading of mobility aid(s)
      c. orient individual to vehicle and equipment
      d. driving position and posture
      e. pre-driving checks (e.g., seat adjustment, mirrors, seat belt)
      f. pre-operational tasks (e.g., ignition, parking brake, gear selector, temperature control)
   4. Perform behind-the-wheel evaluation under various roadway and traffic conditions including
      a. physical skills
         1. braking, acceleration, and steering/turning
         2. ability to operate secondary controls in motion (e.g., turn signals, wipers/washers, horn, dimmer, cruise control)
         3. vehicle maneuvers/control
         4. dynamic trunk stability and endurance
      b. visual / visual perception skills
         1. scanning complete environment
         2. identification (e.g., signs, signals, road markings)
         3. blind-spot checks (mirror use, head checks, assistive technology)
         4. visual lead time
         5. stopping distance
         6. gap acceptance (following distance, turning, lane changes)
         7. lane integrity/position
      c. cognitive/behavioral skills
         1. following directions and instructions
         2. memory
         3. attention and concentration
         4. processing speed
         5. planning and sequencing
         6. time and space management
         7. communication (e.g., turn signals, horn, lights)
         8. judgment, decision making, reasoning, and insight
         9. self-regulation of behavior
         10. topographical orientation
   5. Perform a vehicle assessment for client as passenger only, including
      a. seating considerations (height, chair width, overall length, supports, safety, etc.)
      b. vehicles appropriate for modification/adaptation
      c. ingress/egress
      d. mobility aid loading and storage
      e. wheelchair securement with occupant restraint
      f. wheelchair securement (unoccupied)
      g. consideration of special needs (caregiver abilities, family considerations, client medical needs, environmental considerations, etc.)
ADED Job Analysis Validation 2015

* Subdomain 2B fully describes the important tasks required of the DRS when performing in-vehicle assessments.
  - [ ] Strongly Agree
  - [ ] Agree
  - [ ] Disagree
  - [ ] Strongly Disagree

Feedback on Subdomain 2B

Give reasons why you disagree with the statement on the previous page. What is missing from subdomain 2B, or what does not belong? Remember that the outline is meant to describe the important tasks for competent practice as a Driver Rehabilitation Specialist.

* Enter your feedback below:

Subdomain 3A: Interpret Assessment Results

The next subdomain lists tasks related to interpreting assessment results.

Consider all of the tasks within the subdomain before responding to the following statement.

Subdomain 3A

3. RESULTS INTERPRETATION AND PLAN IMPLEMENTATION

A. Interpret Assessment Results
   1. Record and integrate test results and observations
   2. Discuss results with client and other involved parties
   3. Make recommendations and plan for implementation
   4. Write reports for involved parties that meet client needs (e.g., third party funding sources, driver licensing agencies, insurance companies, driver educator, vehicle modifier, referring physician)
   5. Develop preliminary recommendations for vehicle selection, adaptive driving equipment, and vehicle modifications
   6. Discuss community mobility options
   7. Recommend counseling and support
**ADED Job Analysis Validation 2015**

*Subdomain 3A fully describes the important tasks required of the DRS when interpreting assessment results.*

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

**Feedback on Subdomain 3A**

Give reasons why you disagree with the statement on the previous page. What is missing from subdomain 3A, or what does not belong? Remember that the outline is meant to describe the important tasks for competent practice as a Driver Rehabilitation Specialist.

*Enter your feedback below:

---

**Subdomain 3B: Plan and Implement Recommendations**

The next subdomain lists tasks related to planning and implementing recommendations.

Consider all of the tasks within the subdomain before responding to the following statement.
3. RESULTS INTERPRETATION AND PLAN IMPLEMENTATION

B. Plan and Implement Recommendations

1. Implement recommendations including
   a. extended driver evaluation
   b. driver education and training (e.g., driver improvement courses, simulator training, commentary driving, classroom education)
   c. behind-the-wheel driver education and training
   d. monitor progress and work with other professionals to optimize performance
   e. address licensing issues (e.g., road test, license restrictions)
   f. document final prescription for vehicle modification/adaptive equipment

2. Conduct follow-up services, including
   a. vehicle modification/adaptation check, client fitting, and follow-up training
   b. familiarize family members/caregivers with vehicle and equipment operation
   c. recommend follow-up evaluations

* Subdomain 3B fully describes the important tasks required of the DRS when planning and interpreting recommendations.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

Feedback on Subdomain 3B

Give reasons why you disagree with the statement on the previous page. What is missing from subdomain 3B, or what does not belong? Remember that the outline is meant to describe the important tasks for competent practice as a Driver Rehabilitation Specialist.

* Enter your feedback below:

Examination Allocation

Please review the entire content outline and consider what percentage of the items on a certification examination
Enter the percentage of examination items you think should be allocated to each of the content areas. Your answers must sum to 100%. (Please use whole numbers and do not enter the percent sign.)

1A. Conduct Program Administration
1B. Collect, Organize, and Evaluate Referral Information
2A. Perform Clinical Assessment
2B. Perform In Vehicle Assessment
3A. Interpret Assessment Results
3B. Plan and Implement Recommendations

Other Comments

Please enter any other comments or suggestions you would like to share with the ADED Job Analysis Advisory Panel.

Thank You!

Thank you for taking part in this survey. Your input is extremely important for the continued excellence of the CDRS Examination Program.
Appendix B. Summary of Job Analysis Validation Survey

ADED and AMP invited 52 Certified Driver Rehabilitation Specialists to respond to the Validation Survey. Twenty-nine people entered the survey, but only 26 completed the ratings. These 26 respondents constitute the data set for this summary. The respondents had from 4 to 35 years of experience (mean = 19.6 years) and were from the following states/provinces: CA, FL, GA, IL, KS, LA, MA, MO, NC, NJ, NY, OH, PA, SC, TX, VT, British Columbia, Quebec, and Saskatchewan. One respondent was from an unspecified location outside the United States and Canada.

For each statement in the survey, respondents were asked to indicate their level of agreement with a statement that the subsection of the outline “fully describes the important tasks required for the CDRS …” The choices were Strongly Agree, Agree, Disagree, and Strongly Disagree. For a response of Disagree or Strongly Disagree, the respondent was required to provide feedback to explain their disagreement.

For purposes of analysis, the responses were coded as Strongly Agree = 4, Agree = 3, Disagree = 2, and Strongly Disagree = 1. The means of the numerical responses were calculated, and all the means fell above 3.5, which suggests that there was a general agreement with the statements in the survey. That is, there was general agreement that the content outline fully describes the important tasks required for the CDRS.

The means of the response ratings and unedited feedback for each subdomain are shown below.

Section 1A:
  Mean = 3.56
  Standard deviation = 0.58
  Feedback: The DRS should understand the current healthcare and third party payer system in order to keep the program viable and develop appropriate pricing/contractual guidelines. This could include having the resources to assist with the above.

Section 1B:
  Mean = 3.52
  Standard deviation = 0.51
  Feedback: none

Section 2A:
  Mean = 3.58
  Standard deviation = 0.58
  Feedback: Outside my expertise: refer to CDRS with more experience. I.e., client requires further assessment for high tech driving aids.
Section 2B:
- Mean = 3.71
- Standard deviation = 0.55
Feedback: If the client does not require adaptations, then full on road. If client requires special adaptations (LFGP, Hand controls, high tech aids), then I have the client come back and take a few sessions to get used to the adaptations. Then do a full on road assessment to determine how they have adapted to the adaptations. Then I get a better idea of their ability to drive (visual scanning, interaction with other motorists, etc.)

Section 3A:
- Mean = 3.74
- Standard deviation = 0.54
Feedback: I think you are trying to cover this under the statement “discuss recommendations and implementation” but it is too vague. Suggestions: Discuss recommendations for training (with or without equipment) and the number of sessions. Discuss recommendations for driving restrictions (e.g., night, unfamiliar destinations).

Section 3B:
- Mean = 3.67
- Standard deviation = 0.56
Feedback: Once client has passed the on road test, a vehicle assessment is completed knowing what adaptations are required (e.g., licensed with appropriate restrictions). Sponsoring agencies like to know that the client is able to drive with specific adaptations before laying out the $’s, especially in regards to high tech equipment.

Respondents were asked to indicate what percent of an examination should be allocated to each of the content areas. Table 1 shows the means of the percents listed by the respondents and the percents determined by the job analysis committee during their meeting in April.

Table 1. Allocation of examination items to content areas.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Mean response</th>
<th>Committee response</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.A Conduct Program Administration</td>
<td>8.5</td>
<td>5</td>
</tr>
<tr>
<td>I.B Collect, Organize and Evaluate Referral Information</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>II.A Perform Clinical Assessment</td>
<td>24.0</td>
<td>23</td>
</tr>
<tr>
<td>II.B Perform In-Vehicle Assessment</td>
<td>24.4</td>
<td>27</td>
</tr>
<tr>
<td>III.A Interpret Assessment Results</td>
<td>17.7</td>
<td>25</td>
</tr>
<tr>
<td>III.B Plan and Implement Recommendations</td>
<td>15.4</td>
<td>15</td>
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<td><strong>Total</strong></td>
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</table>
At the conclusion of the survey, responses were invited to: “Please enter any other comments or suggestions you would like to share with the ADED Job Analysis Advisory Panel.” Unedited responses are given here:

- Sect. 2A; 9e. refer (ADD: or "PERFORM") on road evaluation. Sect. 2B 5d. mobility aid loading, storage, (ADD. "AND EQUIPMENT IF NEEDED" i.e., lifter or companion type seat). Comments: Our program is based on client assessment, training (with adaptive equipment) and remedial training which is reflected by a total of 75% of our work load. This is the true basis of Driver Rehab.

- It is important to have equal or near equal emphasis put on the clinical and behind-the-wheel assessment activities when considering a credentialing examination. Perhaps the weakest link in most programs is the evaluator’s ability (either by lack of knowledge & skill or time constraints) to conduct adequate follow-up services, such as vehicle fittings, inspections, training, etc.

- Make test questions more black and white answers. Have a better way for folks to prepare for test.

- I feel it is a very thorough and accurate summation of the job requirements for a person operating as a CDRS and driving instructor.

- well done

- The amount of time or responsibility for program organization can be variable. An entry level DRS in an established program may have minimal involvement, but establishing a new program or private practice is a lot of time. Subdomains 1 & 2 are very specific and detailed, but subdomain 3 lacks this attention. More emphasis needs to be on counseling and transitioning to alternative transportation and patient/family teaching, especially with progressive disorders, limitations, kids who are driving with parents, or professional drivers. Marketing and facility/community education does not appear to be addressed. Even entry level DRS are in the position to have to promote services and educate other professionals about the program.

- I appreciate the thoroughness of this driver assessment analysis. I feel that this information could serve as a useful template to improve any driver program. In my program I offer "house calls" when the client's living situation requires therefore using a predestined route is not always possible. Moreover, when assessing a client with cognitive concerns, I believe that eliminating certain variables, such as driving in unfamiliar areas or an unfamiliar vehicle can provide a more objective perspective of the client's potential deficits. I fully acknowledge that this perspective is established through 30+ years as a driving instructor, from which affords me a level of on-the-road instincts for measuring the risks of seeing clients in their own vehicles.

- I think this is really representative of the job. I gave the smallest percentage to the administration as once things are up and running it seems to be less of the day to day job.

- Very comprehensive. Nice job!
## Appendix C. Detailed Content Outline

<table>
<thead>
<tr>
<th>Driver Rehabilitation Specialist</th>
<th>Cognitive Level</th>
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<tbody>
<tr>
<td>Detailed Content Outline</td>
<td>Recall Application Analysis Total</td>
</tr>
<tr>
<td>1. PROGRAM ORGANIZATION</td>
<td>2 5 3 10</td>
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<tr>
<td>A. Conduct Program Administration</td>
<td>1 3 1 5</td>
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<tr>
<td>1. Develop and maintain protocols for</td>
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<tr>
<td>a. referral/scheduling procedures</td>
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<tr>
<td>b. assessment services (e.g., clinical, behind-the-wheel)</td>
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<tr>
<td>c. training and education (e.g., develop course content)</td>
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<tr>
<td>d. documentation (e.g., reports, prescriptions, follow-up services)</td>
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<tr>
<td>e. assessment equipment/tools (procurement, maintenance, safety, etc.)</td>
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<tr>
<td>f. functional inspection (vehicle, equipment, client performance, etc.)</td>
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<tr>
<td>2. Identify standards, regulations, recommended practices, and guidelines from state/provincial, national, and international entities</td>
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<tr>
<td>a. licensing regulations (e.g., business, facility, individual)</td>
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<tr>
<td>b. adaptive driving equipment/vehicle modification</td>
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<tr>
<td>c. professional standards and credentials (e.g., ADED)</td>
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<tr>
<td>d. government regulations (state/provincial and federal)</td>
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<tr>
<td>3. Discuss service delivery options and limitations with potential clients</td>
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<tr>
<td>4. Obtain from client informed consent to collect and release pertinent information</td>
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<tr>
<td>5. Provide driver rehabilitation consultation to clients, families, medical professionals, insurance companies, etc.</td>
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</table>
### Driver Rehabilitation Specialist Detailed Content Outline

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<thead>
<tr>
<th>Cognitive Level</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Total</th>
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<tbody>
<tr>
<td>B. Collect, Organize, and Evaluate Referral Information</td>
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<tr>
<td>1. Confirm medical consent for driver rehabilitation services</td>
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<tr>
<td>2. Review medical information from client's representatives to determine eligibility for driving assessment (e.g., diagnosis, seizure history, medications and effects, visual deficits)</td>
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<td>3. Review driving history (e.g., license status, collisions, violations)</td>
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<td>4. Determine communication status (primary language, hearing, speech)</td>
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<td>5. Determine funding and reimbursement eligibility</td>
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<tr>
<td>6. Review personal vehicle and/or equipment information</td>
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<tr>
<td><strong>2. CLIENT ASSESSMENT</strong></td>
<td>6</td>
<td>25</td>
<td>19</td>
<td>50</td>
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<tr>
<td>A. Perform Clinical Assessment</td>
<td>3</td>
<td>15</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>1. Select assessments, tools, and vehicles appropriate to diagnosis and prognosis</td>
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<tr>
<td>2. Develop quick rapport with client and other involved parties</td>
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<tr>
<td>3. Interview client and other involved parties to complete and verify</td>
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<tr>
<td>a. medical history (e.g., medications, pain, etc.)</td>
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<tr>
<td>b. driving history</td>
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<tr>
<td>c. social support</td>
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<tr>
<td>d. communication status (hearing, primary language, comprehension, and speech)</td>
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<td>4. Determine current and future needs for client driving with respect to</td>
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<tr>
<td>a. medical diagnosis</td>
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<td>b. mobility aid use</td>
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<tr>
<td>c. environment (e.g., terrain, location, climate)</td>
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<td>d. vehicular needs and preferences</td>
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<td>5. Perform physical/functional assessment including</td>
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<tr>
<td>a. range of motion, muscle strength, muscle tone, endurance</td>
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<tr>
<td>b. coordination</td>
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<tr>
<td>c. sensation, proprioception</td>
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### Driver Rehabilitation Specialist Detailed Content Outline

<table>
<thead>
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<th>Cognitive Level</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Total</th>
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<tbody>
<tr>
<td>6. Perform visual and visual-perceptual assessments including</td>
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<tr>
<td>a. visual acuity, night vision, glare vision/recovery, contrast sensitivity</td>
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<tr>
<td>b. stereopsis and depth perception</td>
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<tr>
<td>c. color perception</td>
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<td>d. ocular motor skills (visual pursuits and saccades)</td>
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<tr>
<td>e. visual field and scanning</td>
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<tr>
<td>f. visual perception (figure/ground, spatial relations, form constancy, visual memory, visual closure, visual discrimination)</td>
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<tr>
<td>g. visual information processing</td>
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<td>7. Perform cognitive assessment through evaluation and observation of</td>
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<tr>
<td>a. memory</td>
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<tr>
<td>b. attention (e.g., sustained, selective, divided, and alternating)</td>
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<td>c. reasoning and insight</td>
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<tr>
<td>d. judgment and decision making</td>
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<tr>
<td>e. self-regulation of behavior</td>
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<tr>
<td>f. executive functioning</td>
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<tr>
<td>g. road sign recognition / right-of-way application</td>
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<tr>
<td>8. Compile results of clinical assessments, and communicate results with involved parties (e.g., client, family, medical team, third-party payers, driver rehabilitation specialists, licensing authority)</td>
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<td>9. Refer client as appropriate to</td>
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<tr>
<td>a. licensing agency for proper credentialing</td>
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<tr>
<td>b. wheelchair seating clinic</td>
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<tr>
<td>c. medical specialist (e.g., vision clinic, neuropsychology evaluation)</td>
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<tr>
<td>d. therapeutic intervention to improve candidacy</td>
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<tr>
<td>e. on-road evaluation</td>
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<tr>
<td>B. Perform In-Vehicle Assessment</td>
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<td></td>
<td>Recall</td>
<td>Application</td>
<td>Analysis</td>
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</tr>
<tr>
<td>1. Select driving environment and route to achieve evaluation goal</td>
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<tr>
<td>2. Customize vehicle and adaptive equipment for evaluation (e.g., primary and secondary controls)</td>
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<tr>
<td>3. Observe pre-driving tasks</td>
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<tr>
<td>a. entry and exit skills</td>
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<tr>
<td>b. loading of mobility aid(s)</td>
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<tr>
<td>c. orient individual to vehicle and equipment</td>
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<td>d. driving position and posture</td>
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<tr>
<td>e. pre-driving checks (e.g., seat adjustment, mirrors, seat belt)</td>
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<td>f. pre-operational tasks (e.g., ignition, parking brake, gear selector, temperature control)</td>
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<td>4. Perform behind-the-wheel evaluation under various roadway and traffic conditions including</td>
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<tr>
<td>a. physical skills</td>
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<td>1. braking, acceleration, and steering/turning</td>
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<td>2. ability to operate secondary controls in motion (e.g., turn signals, wipers/washers, horn, dimmer, cruise control)</td>
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<td>3. vehicle maneuvers/control</td>
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<td>4. dynamic trunk stability and endurance</td>
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<tr>
<td>b. visual / visual perception skills</td>
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<tr>
<td>1. scanning complete environment</td>
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<tr>
<td>2. identification (e.g., signs, signals, road markings)</td>
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<td>3. blind-spot checks (mirror use, head checks, assistive technology)</td>
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<td>4. visual lead time</td>
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<td>5. stopping distance</td>
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<td>6. gap acceptance (following distance, turning, lane changes)</td>
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<td>7. lane integrity/position</td>
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<tr>
<td>c. cognitive/behavioral skills</td>
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<tr>
<td>1. following directions and instructions</td>
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<tr>
<td>2. memory</td>
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<td>3. attention and concentration</td>
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<td>4. processing speed</td>
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<td>Driver Rehabilitation Specialist Detailed Content Outline</td>
<td>Cognitive Level</td>
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<td>5. planning and sequencing</td>
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<td>6. time and space management</td>
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<td>7. communication (e.g., turn signals, horn, lights)</td>
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<tr>
<td>8. judgment, decision making, reasoning, and insight</td>
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<tr>
<td>9. self-regulation of behavior</td>
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<td>10. topographical orientation</td>
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<tr>
<td>5. Perform a vehicle assessment for client as passenger only, including</td>
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<td>a. seating considerations (height, chair width, overall length, supports, safety, etc.)</td>
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<td>b. vehicles appropriate for modification/adaptation</td>
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<tr>
<td>c. ingress/egress</td>
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<tr>
<td>d. mobility aid loading and storage</td>
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<tr>
<td>e. wheelchair securement with occupant restraint</td>
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<td>f. wheelchair securement (unoccupied)</td>
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<td>g. consideration of special needs (caregiver abilities, family considerations, client medical needs, environmental considerations, etc.)</td>
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3. RESULTS INTERPRETATION AND PLAN IMPLEMENTATION 4 13 23 40

A. Interpret Assessment Results 2 8 15 25

1. Record and integrate test results and observations
2. Discuss results with client and other involved parties
3. Make recommendations and plan for implementation
4. Write reports for involved parties that meet client needs (e.g., third party funding sources, driver licensing agencies, insurance companies, driver educator, vehicle modifier, referring physician)
5. Develop preliminary recommendations for vehicle selection, adaptive driving equipment, and vehicle modifications
6. Discuss community mobility options
7. Recommend counseling and support
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<tr>
<th>Driver Rehabilitation Specialist</th>
<th>Cognitive Level</th>
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<tbody>
<tr>
<td>Detailed Content Outline</td>
<td>Recall</td>
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<tr>
<td>B. Plan and Implement Recommendations</td>
<td>2</td>
</tr>
<tr>
<td>1. Implement recommendations including</td>
<td></td>
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<tr>
<td>a. extended driver evaluation</td>
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<tr>
<td>b. driver education and training (e.g., driver improvement courses, simulator training, commentary driving, classroom education)</td>
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<tr>
<td>c. behind-the-wheel driver education and training</td>
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<tr>
<td>d. monitor progress and work with other professionals to optimize performance</td>
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<td>e. address licensing issues (e.g., road test, license restrictions)</td>
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<td>f. document final prescription for vehicle modification/adaptive equipment</td>
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<tr>
<td>2. Conduct follow-up services, including</td>
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<tr>
<td>a. vehicle modification/adaptation check, client fitting, and follow-up training</td>
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<tr>
<td>b. familiarize family members/care givers with vehicle and equipment operation</td>
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<tr>
<td>c. recommend follow-up evaluations</td>
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<td>Totals</td>
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