Applying Cognitive Assessments to Improve Driving Rehabilitation Interventions & Outcomes

SUSAN TOUCHINSKY, OTR/L, SCDCM, CDRS susie@adaptivemobility.com
ERIN KNOEPFEL MS, CCC-SLP eknoepfel@thebcat.com
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Conflict of Interest

Erin is employed by Mansbach Health Tools, LLC. And is a licensed BCAT® user

Susie is a licensed BCAT® user
Presentation Goals

◦ Driving requires the coordination of a range of motor, coordination, sensation, vision, and cognitive skills.
◦ Cognition & driving is complex
◦ Our goal is to explore the role of cognition with driving
## Learning Objectives

<table>
<thead>
<tr>
<th>Explore</th>
<th>Explore the importance of cognition for the task of driving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand</td>
<td>Understand OT’s role with cognitive assessment and referral relationships</td>
</tr>
<tr>
<td>Learn</td>
<td>Learn the key components of the Brief Cognitive Assessment Tool (BCAT®) Approach</td>
</tr>
<tr>
<td>Apply</td>
<td>Utilize results &amp; apply standardized assessments completed by the referring OT</td>
</tr>
<tr>
<td>Understand</td>
<td>Understand implications of various cognitive assessment tools for determining fitness to drive for adults</td>
</tr>
</tbody>
</table>
Exploring Cognition
Key Point

◦ Cognition is a critical vital sign
◦ It is essential for maintaining an independent lifestyle and is at the center of all experiences.
3 Strong Cognitive Predictors of Instrumental Activities Of Daily Living

(Mansbach, et.al, 2012)
5 Areas of Attention

- Focused
- Shifting
- Sustained
- Selective
- Divided
## Attentional Capacity & Driving


<table>
<thead>
<tr>
<th>Attention Area</th>
<th>Driving Demand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selective Attention</td>
<td>Tune out irrelevant objects (billboard messages, lawn ornaments)</td>
</tr>
<tr>
<td>Sustained and Focused Attention</td>
<td>Attend to critical stimuli (traffic lights, vehicles, pedestrians) while maintaining the task of operation of the vehicle</td>
</tr>
<tr>
<td>Divided Attention</td>
<td>Most driving maneuvers: changing lanes, modifying speed, turn signals, position relation to other vehicles</td>
</tr>
</tbody>
</table>
Attention capacity declines with age divided attention > selective attention

Attention is compromised by distractions cell phones, texting, & passengers

Driving may maximize driving safety

Contextual/Working Memory

The ability to mentally hold and manipulate information over a short period of time:

- A cognitive “workspace” that allows us to temporarily store information we hear, see or feel in order to do something with
- Working memory typically lasts for 15 to 30 seconds

Two dominant domains of working memory:

- Phonological (sound)
- Visuo-spatial (visual)


40% of people over age 65 experience some form of memory loss

Neurophysiology and aging:
- Brain loses cells that are essential in encoding and retrieval processes of memory
- Overall brain weight decreases
- Cell loss causing the connections between synapses to weaken
- Hippocampus loses 5% of its neurons every decade, with 20-30% being lost by 80 years of age
Contextual/Working Memory & Aging

Aging adults demonstrate the following changes with memory:

- More difficulty learning new things
- Retrieving old information
- Multitasking
- Reduced auditory processing speed and amount of information
Executive Control Function


THE COORDINATION OF SEVERAL COGNITIVE FUNCTIONS NECESSARY TO ACHIEVE A GOAL

TASK INITIATION, MAINTENANCE AND DISCONTINUATION

EXECUTIVE PROCESSES OCCUR IN THE FRONTAL LOBE OF THE BRAIN
Executive Control Function


Executive Control Functions & Driving

- Making decisions to stop at a red light
- Knowing what to do when the light is green, but a pedestrian is crossing the street
- The ability to drive in unfamiliar routes without a problem
- Driving the speed limit in construction zone due to safety of workers
- Adjusting the route when exiting at the wrong location
Capacity for logic declines with aging

Most problems with ECF is related to impairment with working memory and processing.

The information isn't even making it to the frontal lobe from the temporal lobe (hippocampus).
In Alzheimer’s Disease Executive Processes are impaired.
Emotional Regulation

Processing Speed

- **Speed of processing**
- **How quickly can you take in information, make a decision & response**
- **Notice & response**
Visual-Perceptual Abilities

- Depth perception
- Spatial relations
- Right-left discrimination
- Topographical orientation
- Figure ground discrimination
- Visual processing speed
Key Point

Cognition is more than alert & oriented x3. A range of medical conditions can impact cognitive performance.

Know & understand YOUR role as a DRS/CDRS, OT, practitioner, etc. with screening & assessing cognition

Cognitive function is impacted for a range of ages & conditions – not just the older driver
Common Medical Conditions & Considerations for Driving
TIA & Stroke

Motor, sensation, language, cognition, & balance changes

Visual-perceptual deficits

Insight & judgement

Processing speed

Attention

Task shifting
Lundzvist, Gerdle, & Ronnberg (2000) found, “... evaluations requiring high-order cognitive functions such as mental control, working memory, & attention provided the best differentiation of driving skills in stroke survivors.”

Trails Making B performance has been found to be predictive of impaired driving performance for stroke (Devos et. Al. 2010).
TBI & Concussion

Cognitive impairment is most common problem with TBI

Arousal, alertness, emotional regulation

Attention, memory, task shifting, visual scanning, visual processing, processing speed

Motor skills, coordination
TBI & Concussion

- Headache: acute and/or chronic
- Whole body: blackout, fatigue and poor balance
- Cognitive: amnesia, disorientation, confusion, memory, recall, executive function impairment
- Sleep: inability to sleep or prolonged periods of sleep
- Gastrointestinal: nausea, vomiting
- Mood: irritability, personality changes, depression
- Sensory: tinnitus, sensitivity to light and/or sound
Brain Tumor

- Spectrum of deficits
- Range of cognitive and visual spatial performance
- Cognitive impairments dependent on location of tumor pre/post surgical resection
Multiple Sclerosis

- Visual perceptual
- Processing
- Alertness
- Emotional
- Visual-spatial
- Problem solving
Parkinson’s Disease

**Executive Functions**
- Task initiation and shifting
- Planning

**Attentional Capacity**

**Working memory**
- Processing speed
- Recall
Mental Illness

Major depression:
Cognitive impairment can be severe and global
Impairment with all cognitive domains and limbic system

Mood disorder associated with
Impaired attention
Impaired Executive Functions
Impaired Memory
Mild Cognitive Impairment

MCI: The four subtypes include:
Amnestic (aMCI)
Executive (eMCI)
Multi-domain (mMCI)
Undifferentiated (uMCI)

Research supports those with MCI show at least 1 IADL impairment
MCI conversions to dementia

(Mansbach et al, 2018)
“For older adults with mild cognitive impairment or early dementia (with or without motor impairment), more information should be obtained to explore the reversibility of the cognitive impairment, the etiology, the potential remaining abilities, and strategies for compensation by having a thorough evaluation for dementia...”

Pomidor, 2019, Chapter 4, 2019
BCAT® MCI Study: What the science tells us

61% of older adults with MCI were dependent in at least one IADL.

BCAT® factor scores can be used to identify IADL risk, especially for managing finances, meal preparation and remembering events (including medications).

Compared to individuals with normal cognition, people with MCI had greater odds of being dependent on 7 of the 10 specific IADLs.

It is critical to accurately identify who has MCI using the BCAT® Approach to detect those at risk for functional issues, not just cognitive ones.
MCI & Driving

Megan Hird, Researcher at University of Toronto, presentation at the Alzheimer’s Association International Conference 2016

Citation: Driving skills already affected with mild cognitive impairment Publish date: August 3, 2016 By Michele G. Sullivan Clinical Neurology News

Hird’s research looks at physiologic brain activity and driving

Suggest that patients with mild cognitive impairment (MCI) may already be experiencing potentially dangerous changes in their ability to operate a motor vehicle

Driving Evaluation: MCI made more critical errors on the road

Driving Simulator: MCI showed higher activation in areas of the brain for planning, higher-order attention, & cognitive control
Dementia

Dementia—a matter of degree
- Always progressive
- Affects cognition, mood, behavior, and function
- Multiple causes

*With Dementia there has to be a memory impairment*
Autism Spectrum Disorder

Use and understanding of communication are delayed or remain impaired

Lack the understanding of nonverbal communication:

- Eye contact
- Facial expressions
- Gestures
- Rules of proximity to communication partner
- Body language
Autism Spectrum Disorder

- Lacking/limited cognitive flexibility
- Poor problem solving
- Poor planning and organization
- Lack of inhibition
Cerebral Palsy

- May affect physical abilities only in some individuals
- 30-50% of children with CP have some level of cognitive impairment
- Adult mobility and ability to perform ADLs should be routinely monitored in adulthood
Key Point

The medical diagnosis & our clinical testing is imperative of gaining an understanding of the client’s cognitive performance skills in order to understand driving behaviors.

Cognition may be impacted by more than a diagnosis
Remember to consider mood, depression, sleep, & medications
Accurate & thorough cognitive testing is imperative for understanding specific performance skill deficits & guiding our evaluations, interventions, & treatment.
Cognitive Assessment Comparison
It’s time to fill in your chart & handout
“The best assessment tools integrate several cognitive processes (e.g., divided attention, visual processing, processing speed) to test high-level cognitive processes or executive functioning.”

The Dynamic Assessment
Common Negative Outcomes of Cognitive Misdiagnosis

- Sub-optimal management of medical conditions
- Inflated rate of hospital readmissions
- Increased frequency of falls
- Lowered rehabilitation services outcomes
- Sub-optimal discharge planning
- Increased risk for losing independence
<table>
<thead>
<tr>
<th>Role</th>
<th>Barrier</th>
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<tbody>
<tr>
<td>Physicians</td>
<td>Lack of time to complete assessment</td>
</tr>
<tr>
<td>Nursing</td>
<td>Required to use a specific tool, i.e. MDS/BIMS, OASIS items</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Another discipline addresses that</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Speech Therapy works on that</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>I don’t have access to any tests</td>
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</table>
Over 5 million people have Alzheimer’s disease (AD), anticipated to be 13-16 million by 2050.

Numbers are vastly greater if you include other dementias and people with Mild Cognitive Impairment (MCI).

MCI → dementia conversion rates (10-15% annually)

A majority of MCI patients will develop dementia within 3-5 years.
Cognitive Screening Tool Utilization

- Early recognition enhances efficacy of treatments
- Aide in diagnosis
- Improve disease management and planning
- Identify functional issues
- Manage expectations of patients, families, providers, and staff
- Time and cost effective
- Lowers patient resistance and encourages compliance
What should a good cognitive screening tool be able to do?

• Administered by professionals and techs
• Completed in less than 15 minutes (sometimes five minutes)
• Able to differentiate between MCI and dementia
• Broadly assess memory skills
• Broadly assess executive skills
• Assess attentional skills
• Predict ADLs & IADLs
Trails Making Test A & B (TMT)


• Working memory, visual processing, visuospatial skills, selective and divided attention, and psychomotor coordination

• Association between poor performance on the Trail-Making Test Part A and B and poor driving performance
Research: TMT & Driving


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Trails Making Test B: >3 minutes (>180 seconds) = intervention (Roy, 2013).

Research supports relationship between performance on the TMT-B and cognitive function and/or driving performance. (Staplin 2013).

On-road driving performance as evaluated by a DRS was predicted 78% of the time by the drivers’ TMT-B performance (Gibson et al 2017).

Significant correlation between TMT-B performance and future at-fault crash (Ball et al 2006).
Clock Drawing

Long-term memory, short-term memory, visual perception, visuospatial skills, selective attention, abstract thinking, and executive skills

Several versions available; know your version & scoring

Research & Clock Drawing

CADReS uses Freund Clock Drawing & Scoring

Any errors signal need for intervention

Strong link between Clock Drawing & other cognitive measures and helpful in discriminate healthy individuals vs dementia


Maze Test

Attention, visual perception, visuospatial skills, abstract thinking, and executive skills planning & foresight

Several versions of maze testing – Snellgove


Snellgrove Maze Test

Available in CADReS

Snellgrove scores less than 60 seconds, without errors = intact

Re: Driving the Snellgrove maze validated with older adults with mild cognitive impairment or early dementia

Maze Test score was predictive for on-road driving performance for clients with MCI & dementia (Snellgrove 2005 & Staplin et. All 2013)
St. Louis University Mental Status Exam (SLUMS)

- Screening tool
- Education biased – different scores for education levels
- Takes 7-10 minutes to administer
- Screens cognitive-communication areas: attention & working memory, executive functioning, language, reasoning, problem solving, & visual spatial
St. Louis University Mental Status Exam (SLUMS)

High School Education (Scoring 0 to 30)
- 27-30 Normal
- 20-27 MCI
- 1-19 Dementia

Less than High School Education
- 26-30 Normal
- 14-19 MCI
- 1-14 Dementia

Scores suggestive of mild cognitive impairment indicate the need for referral to a driver rehab specialist.
Scores suggestive of dementia indicate consideration for driving retirement, reference Evidenced Based Consensus statements.
Short Blessed Test (SBT)

Attention, orientation, sequencing
Immediate & delayed recall
Visual spatial
• 0-4 normal
• 5-9 mild impairment
• 10 or more probable dementia

Score of 6 or more indicates increase crash risk and warrants referral to DRS
Score of 10 or more driving retirement
Mini Mental Status Examination (MMSE)


Scored 1-30, higher is better

Recall, attention, orientation, simple direction following, visuo-spatial

Copyright Folstein, Folstein, & McHugh

Research does not support the use of MMSE for predicting crash risk or driving abilities (Wheatley, Carr, & Marottoli, 2014; Joseph, et al, 2014).
Montreal Cognitive Assessment (MoCA)

- Screens attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation.
- Time to administer is about 10 minutes.
- Score out of 30
- 26 or above considered normal
Montreal Cognitive Assessment (MoCA)


Cognitive condition – positive & significant relationship between MoCA score and on-road outcome

1.36 times increase on likeliness for BTW failure with each 1 decrease

18 or less of concern regarding driving safety (Hollis et. Al, 2015)
Brief Cognitive Assessment Tool (BCAT®) Approach

- A unique applied concept for assessing and working with people who have memory and other cognitive impairments.
- Designed for any clinical and residential setting in which cognitive functioning and cognitive impairment is a central issue.
- Integrates the BCAT® Test System with evidence-based interventions to address working memory, cognitive stimulation and meaningful patient engagement.
Brief Cognitive Assessment Tool (BCAT®) Approach

The BCAT® is currently used by thousands of healthcare professionals.

The BCAT® is currently used in hospitals and all locations within the post-acute care setting.

Strong emphasis on staff development and education.

In a survey of health care providers, the BCAT® received an “A” rating (highest) for clinical utility and value.

In a survey of health care providers, 92% reported that they would recommend the BCAT® to colleagues.
The BCAT® Test System – The Six Tests

All tests have interactive online scoring programs with test reports.

All six tests have undergone rigorous testing, peer-reviews.

Multiple publications, professional presentations

The BCAT® Test System is supported by the BCAT® Research Center.
Key Point

Thorough cognitive assessment includes the use of standardized tests & occupation or functional based assessment.
Background & Research Questions

Can the BCAT identify patients who could benefit from a behind the wheel evaluation? Does the BCAT guide readiness to participate a driving evaluation?

Does the BCAT its factor scores (executive functions, memory) predict unsafe driving?

How does the BCAT compare to other cognitive measures in predicting unsafe driving?
Hypothesis: Cognitive impairment, as evidenced by lower BCAT® scores, will significantly predict poorer driving performance and outcomes.
**Data Analysis**

- Used descriptive statistics
- Used independent sample t-tests, chi-square tests for independence, and Pearson correlations
- Used regression
Driving Data: Sample Characteristics

Original N = 244; final sample 197
7 were excluded for not meeting their state’s minimum vision requirements
38 were excluded for age < 50
2 were excluded for missing BCAT data
Includes drivers from NJ, PA, & FL
Let’s Revisit CMF & EFF

Total BCAT® Score: indicates cognitive stage/level
- Normal, MCI with specific subtype, dementia

CMF: scores indicating level of current memory functioning for IADLS
- Remembering to turn off the stove, remembering to take medications

ECFF: scores indicating current executive skills
- Practical Judgment
- Problem solving
- Reasoning

CMF & ECFF are helpful to clinician to identify the specific exercise and level of difficulty to start interventions
Big Takeaways

Testing memory isn’t enough

Must test memory & executive functioning for driving

BCAT® is a useful tool because it test memory, executive function, & attention

BCAT® is a boarder screening tool & should be used to start & then guide additional tests & measures
Results

If you are in the clinic and only doing TMT, Maze & look at age, you are operating at a 42% predictive value.

◦ Would you be satisfied with someone using 42% to predict your fitness to drive?

HOWEVER add in BCAT® and you improve your predictive power from 42% to 70%

◦ This is significant for partnering with the referring OT AND significant if you are program only providing clinical driving evaluations
Results

Memory tests alone will not identify executive function which is necessary for driving/IADL

MoCA has Executive Function but the items are all visually driven tasks.
  ◦ The ‘blind version’ is a memory test only
BCAT® & Driving

BCAT® is an accurate predictor of MCI versus dementia

The data shows that if BCAT® score falls in the dementia range, the client has a 2.5% increased chance of being recommended for driving retirement.

The data also shows that if the BCAT® score falls in the MCI range of 42/43 or below, there is a greater odds or caution at 1.34.

Clients who scored 47 to 48 were less likely to need a BTW due to cognitive reasons & more likely to demonstrate fitness to drive.
Hierarchy of Tests in Driving Evaluation

First Level - BCAT® Test

| BCAT Total Score | ECFF Score | CMF Score |

Second Level Testing

| Trails Making Test | Maze Test |

Behind the Wheel Test

| Functional Cognition | Visual/perception | Motor |
To determine a BCAT® score associated with automatic driving retirement without a behind-the-wheel evaluation

Focused population: moderate-severe dementia
Better, faster outcomes with BCAT®

Newest Findings from the BCAT® Research Center: Achieving “Better, Faster” Functional Outcomes using the BCAT® Cognitive Approach

The study examined the efficacy of Speech Language Pathology using working memory exercises (WME) in a prescriptive treatment approach for patients with MCI and dementia (mild to moderate).
Key Findings:
Better, faster outcomes with BCAT®

◦ Patients who received either WMEB or BR significantly improved ADL skills relative to patients in the control group.
◦ On average, participants in the BCAT® intervention groups (WMEB, BR) could perform an additional ADL over and above baseline ADL ability. Participants in the control group demonstrated no meaningful improvement in ADLs from pre- to post-testing.
◦ The proportion of participants in the BCAT® intervention groups classified as independent on ADLs increased by 20% from pre- to post-testing.
Key Findings: Better, faster outcomes with BCAT®

Research supports that interprofessional practice using the BCAT® Approach results in better, faster functional outcomes, in the area of cognition and specifically in the following ADLs:

- Continence
- Toileting
- Dressing
- Functional Transfers
Protocol was validated and demonstrated:

- Patients with MCI and Mild Dementia show more improvement in ADL performance when WMEB or Brain Rehab (BR) was part of the treatment
- Improvement in performance and outcome in one discipline is a function of the work of all disciplines
- WMEB and BR appear to positively impact cognitive mechanisms underlying functional skills
**BCAT® Supports the PDPM Cognitive Measure Classification Methodology**

<table>
<thead>
<tr>
<th>Cognitive Level</th>
<th>BCAT®</th>
<th>BCAT®-SF</th>
<th>BIMS</th>
<th>CPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>44-50</td>
<td>19-21</td>
<td>13-15</td>
<td>0</td>
</tr>
<tr>
<td>MCI</td>
<td>34-43</td>
<td>16-18</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Mild Dementia</td>
<td>25-33</td>
<td>13-15</td>
<td>8-12</td>
<td>1-2</td>
</tr>
<tr>
<td>Moderate Dementia</td>
<td>19-24</td>
<td>9-12</td>
<td>0-7</td>
<td>3-4</td>
</tr>
<tr>
<td>Severe Dementia</td>
<td>18 and below</td>
<td>8 and below</td>
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<td>5-6</td>
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</table>
Additional Interventions

Driving rehab interventions in the context of cognitive deficits
Guiding Questions for Interventions

- **What is the nature of the cognitive deficits?**
- **Is it related to a progressive condition or something that may improve with time & recovery?**
- **Is there an impact from mood, medications, sleep, infection, anemia, blood sugars, etc. been considered?**
- **Has there been a formal evaluation or diagnostic process?**
Guiding Questions for Interventions

What is the extent of the cognitive deficit?

What tools are you using to understand the extent of the cognitive impairment?

Memory, attention, problem solving, executive function, etc.?

Are your tools giving you everything you need and increasing your confidence level?
Guiding Questions for Interventions

- Does the deficit impact new learning?
- Could a restriction or other driving modification be implemented?
- Does the deficit improve with intervention and sustain improvement?
- *REMEMBER* Not appropriate in the context of progressive memory deficit
3Rs of Driving Retirement

R – Remove access
R – Replace routine activities
R – Remember the fun!
ENRICH for a Brain-Healthy Lifestyle: Tools for aging adults and their families

A one-of-a-kind tool used to help you understand how your daily life impacts your brain health. Your score will give you an idea about your risk so you can begin to practice brain-healthy lifestyle habits.

A strongly predictive assessment of cognitive functioning that can be completed in-home. It provides immediate results, ultimately helping you determine whether a more comprehensive evaluation is necessary.

A scientifically validated tool that allows you to walk through a comprehensive brain health assessment with a live specialist in 30 minutes. You’ll receive a personalized report detailing your results – straight to your inbox!

www.ENRICHvisit.com
Brain Health As You Age

Provides useful, achievable actions you can take to reduce your risk of brain function decline

Recommendations are evidence-based, practical, useful, achievable and measurable

This book is an accessible starting point for understanding healthy brain aging and when to seek help
Collaboration with Referral Sources
Collaboration

- OT, SLP, PT
- Physician, neurologist
- Social service coordinators
- DRS/CDRS
Assessment is conducted to identify and describe:

• underlying strengths and weaknesses related to cognitive, executive function/self-regulatory, and linguistic factors, including social skills that affect communication performance

• effects of cognitive-communication impairments on the individual's activities (capacity and performance in everyday communication contexts) and participation

• contextual factors that serve as barriers to or facilitators of successful communication and participation for individuals with cognitive-communication impairment. (ASHA, 2019)
ASHA Practice Document-Cognitive Interventions

Intervention services are provided to individuals with cognitive-communication disorders, including problems in the ability to attend to, perceive, organize, and remember information; to reason and to solve problems; and to exert executive or self-regulatory control over cognitive, language, and social skills functioning. (ASHA, 2019)
“Expert in determining how cognitive deficits can impact everyday activities, social interactions, and routines... Occupational therapists have the skills to assess the cognitive aspects of functional activities and design an intervention plan, from acute care to community reintegration,” (AOTA, 2011).
“AOTA recognizes that driving in particular is a critical component of community mobility in the context of living within an industrialized nation and asserts that occupational therapy practitioners are poised to address driving at various levels to evaluate and intervene relative to individual performance as well as contribute to the overall health and safety of the public.” (AOTA Driving & Community Mobility Practice Statement, 2016).
Practitioner Model

BCAT® Total Score + ECFF + CMF
Encourage Collaboration & Mentorship with Referral Source

- Evaluation
- BCAT®/Cognitive Assessment

OT/ST

OT/ST & DRS

- Mentorship
- Collaboration

DRS/CDRS

- Driving Evaluation
Collaboration Benefits

- Improves the timing for the driving evaluation
- Improves chance of positive outcome
- Covered intervention
Collaboration Benefits

- Evaluation
- Identify Concerns

OT & ST/DRS
- Mentorship
- Collaboration
- Referral

- Address driving retirement or performance skill deficit

CDRS/DRS

OT/ST
Summary of Key Points
Intact cognition is essential for optimal participation in a range of instrumental activities of daily living (IADLs) including driving and community mobility. Driving is one of the most complex and cognitive demanding activities of all.
Cognition, specifically executive functioning, is critical in the evaluation of performance skills needed for the task of driving.
Choosing and using the right standardized cognitive test is vital for improving safety & understanding
It is important to understand the outcomes and potential risks when using various cognitive screening and assessment tools to determine safety in driving in the adult.
Test like the Brief Cognitive Assessment Tool (BCAT®) may be used to understand a client’s cognitive impairments, better anticipate impact on driving performance, AND improve interventions.
Ability to differentiate MCI from dementia

Ability to predict functional (IADL) status

Emphasis placed on contextual memory and executive functions (with specific scores for each)
Occupational therapy practitioners can play a positive role with cognitive assessment & potential referral relationship with driver rehabilitation specialists.