

Swedish Occupational Therapists' Involvement and Performance in Driving Assessments; Is flipping a coin as good predictor as the NorSDSA?

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Introduction: Of OTs in Sweden, 57% are involved in fitness-to-drive assessments, carried out in various manners, ranging from non standardised activity assessments to assessment by tests developed specifically for fitness to drive. However, only 19% use on-road driving tests as a complement to their clinical assessments. Apart from the lack of appropriate methods, Swedish OTs express that they do not have sufficient knowledge to perform driving assessments and indeed need further education to meet the standards requested by the task. Specialised training is thus urgently called upon, since a vast majority of adult OT clients do possess a valid driving license and many impairments/disorders addressed by OT interventions have implications on driving. However slowly, the number of OTs performing fitness to drive assessments is rising. As a consequence, the use of the cognitive test battery Nordic Stroke Driver Screening Assessment (NorSDSA) has increased, sometimes used as a stand-alone test to evaluate fitness to drive, also for non-stroke patients such as patients suffering from cognitive deficits/dementia, approaches that may be questioned. The **objective** of the study was to determine whether the NorSDSA could predict an on-road test result, for sets of stroke ($n = 74$) and cognitive deficits/dementia clients ($n = 116$). **Methods:** data were collected over a 3-year period at a driving assessment unit in Sweden and consisted of the test results from all who completed a neuropsychological assessment and an on-road assessment. **Results:** The percentage of correctly classified clients according to the results from NorSDSA was 62% for the stroke group and 50% for the cognitive deficits/dementia group. **Conclusions and practical implications for the OT community:** The test should not be used as a stand-alone test to determine the fitness to drive of clients. Also, its use with clients suffering from cognitive deficits/dementia appears to be less successful than for clients with stroke....and, yes, flipping a coin is as good predictor as the NorSDSA for clients suffering from cognitive deficits/dementia, but far more faster and cheaper...