

The Occupational Therapy Role in Driving and Community Mobility Across the Lifespan

Community mobility is defined as “moving around in the community and using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, or other transportation systems” (AOTA, 2008, p. 631). Community mobility is grounded in independence, spontaneity, and identity. It begins when we are passengers in a car seat and on the school bus, and continues as we learn to ride a bike and drive a car. Although the mode of transportation may change, the meaning remains constant: transport from one location to another enables participation in the things we want and need to do (occupations).

Because occupational therapy practitioners focus on enabling participation, they are natural professionals to address driving and community mobility across the lifespan.

Occupational therapy evaluations for community mobility may focus on screening for passenger safety, school system capacity to transport general and special education students, readiness and ability to ride a bicycle, ability to cross the street and negotiate curbs and sidewalks, visual motor skills for reading signs, driving readiness among adolescents, driving ability and safety, ability to use transportation other than a private vehicle, and driver-vehicle fit.

Interventions may include creating transportation alternatives and networks of community resources, restoring range of motion or strength, providing cognitive retraining, modifying vehicles with adaptive equipment, developing walking programs to improve health and function, and training in public transportation options.

Infants and Children

Infants, toddlers, and children rely on caregivers to transport and secure them safely. Occupational therapy interventions address emerging mobility needs of children that have an impact on safe participation in the community. Occupational therapy considerations for this population include appropriate use of car seats and booster seats, children with disabilities who have special securing needs, parents with disabilities who need assistance, bicycling education (e.g., helmet use), and safety tips for transport by school bus.

Adolescents and Young Adults

Students with an autism spectrum disorder, nonverbal learning disability, cognitive impairments, spina bifida, cerebral palsy, and other disabilities need to address driving while still in high school. Transportation affects a student’s access to employment, housing, social, educational, and recreational opportunities. Occupational therapy can contribute to an adolescent’s potential to drive by addressing predriving skills that promote independence, such as coordination and quick use of the extremities, crossing streets, managing social interactions, managing time, managing money, handling an emergency, and self-care when alone. Managing impulse control, reducing stress, and regulating sensory input are essential for all adolescents, regardless of disability. Additional community mobility skills addressed by occupational therapy with this population include reading maps or using a GPS, obtaining a first driver’s license, and using public transportation.



Older Adults

Seniors are often living with medical conditions that may affect driving safety. To address the goal of “driving safer longer,” occupational therapy practitioners offer evaluation, education, strategies, and identification of appropriate mobility options where needed. Practitioners can also offer strategies and resources for caregivers transporting adults with special needs (e.g., dementia-friendly transportation), as well as caregiver training and specialized intervention for ensuring cessation when necessary, while addressing the person’s need for continued mobility. Other occupational therapy considerations for this population include education and training in using public transit with a disability, driver-vehicle fit issues, functional decline that necessitates adaptations, and maintaining social connections if driving is no longer an option.

Where Are Driving and Community Mobility Services Provided?

The skills needed for driving and community mobility (e.g., cognition, strength, stamina, flexibility, etc.) are often needed for other functional activities, and they are evaluated as part of an occupational therapy session.

Occupational therapy practitioners are also essential members of CarFit events (www.Car-Fit.org) during which they ensure that people’s vehicles are properly adjusted for the best fit and safety. Occupational therapy practitioners who are driving rehabilitation specialists provide comprehensive driving evaluation, adaptation, education, and training addressing the goals of learning, resuming, or seeking assurance about the ability to drive safely. For those who need to retire from driving, occupational therapy practitioners identify appropriate alternatives, prioritizing continued participation in the community.

Conclusion

For most Americans, driving and community mobility are essential for employment, independence, and social and leisure activities. Occupational therapy practitioners are skilled at evaluating a person’s ability and potential to drive, providing education and adaptations to allow driving, and providing comprehensive resources and training if driving is not an option and other forms of community mobility need to be explored. For more information go to the Driver Safety section of AOTA’s Web site at www.aota.org/older-driver.



Reference

American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, 62, 625–683. doi: 10.5014/ajot.62.6.625

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Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client’s psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.

