

Power-Mobility Community Driving Assessment (PCDA)

Driving Assessment Forms

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POWER-MOBILITY COMMUNITY DRIVING ASSESSMENT (PCDA) FORMS

SECTION A-Mobility and Driver Experience Checklist

A1. ASSESSMENT

Date: _____ Time: _____

Weather Conditions: _____

A2. POWER-MOBILITY DRIVING EXPERIENCE

Years driving an automobile or other vehicles (*specify*) _____

Years driving a power mobility device _____

Power mobility training received (*dates & duration*) _____

Devices used _____

Environments _____

A3. MOBILITY DEVICE INFORMATION

Power Wheelchair Scooter Make & Model _____

Trial Own Length of Time _____

Seating System _____

Type of Controls _____

Special Adaptations _____

Comments: _____

A4. USE OF WHEELCHAIR SAFETY ACCESSORIES

	Use	Need		Use	Need		Use	Need
Flag	<input type="checkbox"/>	<input type="checkbox"/>	Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	Anti-Tippers	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	Seat Belt	<input type="checkbox"/>	<input type="checkbox"/>	Rearview Mirror	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

A5. MOBILITY DEVICE FACTORS THAT MAY AFFECT DRIVING PERFORMANCE

Examine the driving device and check if the factor appears to be acceptable for safe, efficient driving.

Chair Alignment	<input type="checkbox"/>	Tire Tread Pattern	<input type="checkbox"/>
Parallel Wheels	<input type="checkbox"/>	Adequate Tire Inflation	<input type="checkbox"/>
Straight Forks	<input type="checkbox"/>	Tire Diameter & Width	<input type="checkbox"/>

Comments: _____

A6. MOBILITY DEVICE GENERAL USE

Can Client:	Yes	No
Turn On/Off chair?	<input type="checkbox"/>	<input type="checkbox"/>
Use speed control switch?	<input type="checkbox"/>	<input type="checkbox"/>
Utilize braking system?	<input type="checkbox"/>	<input type="checkbox"/>
Disengage braking system?	<input type="checkbox"/>	<input type="checkbox"/>
Use special features of device?	<input type="checkbox"/>	<input type="checkbox"/>
Request assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Independently transfer in/on?	<input type="checkbox"/>	<input type="checkbox"/>

If no, please describe: _____

Sitting Tolerance: _____

Comments: _____

SECTION B-Pre-Performance Interview

B1. LIFESTYLE ANALYSIS

Identified Environments

Possible Environmental Obstacles

1. _____
2. _____
3. _____

B2. NEED FOR ACOMPANIMENT

When you leave your home, do you need someone to assist you in mobility? Yes No

If yes, please specify under what circumstances, type, and who would normally assist you. _____

B3. DRIVER FACTORS THAT MAY AFFECT DRIVING PERFORMANCE

1. Is the driver able to sit with stability and use the controls? Yes No
2. Is the driver's sitting tolerance adequate for assessment & intended uses? Yes No
3. Is the driver positioned optimally? Yes No
4. Does the driver have adequate sensation & perception to handle the device? Yes No

B4. RULES OF THE ROAD

1. When driving your device, should you try to remain on the sidewalk or road? _____
2. Where/How should you cross the street? _____
3. If you have to be on the road, should you be in the lane facing traffic or should it be coming from behind you? _____

Comments: _____

B5. EMERGENCY SITUATIONS

1. What would you do if your chair wouldn't start and you had to go out? _____

2. What would you do if you were out and your chair wouldn't start? _____

3. What would you do if you were out and you had a flat tire? _____

4. What special precautions must you take while driving at night? _____

Other Questions?

Comments:

SECTION C-Performance Assessment Scoring and Items

Scoring

-
- 3** Optimal performance: able to perform task in one attempt smoothly and safely.
 - 2** Completes task hesitantly, erratically or impulsively, requires several tries, does not adjust speed as necessary and/or bumps wall, objects, etc. lightly (without causing harm).
 - 1** Bumps objects and people even once in a way that causes or could cause harm to driver, other persons, or to objects.
 - 0** Unable to complete task even with maximal assistance.
-

C1. GENERAL DRIVING SKILLS

	Not Applicable	Not Assessed	Performance Score	Comments
1.1 Driving on sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
1.2 Driving in parking lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
1.3 Driving on road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
1.4 Driving in crowds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
1.5 Maintaining a straight course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
1.6 Intersection with lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
1.7 Intersection without lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
1.8 Crosswalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
1.9 Accessing crosswalk button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
1.10 Crossing streets without lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Comments: _____

2. WHEELCHAIR ACCESSIBLE TRANSIT

PUBLIC PRIVATE

	Not Applicable	Not Assessed	Performance Score	Comments
LIFT: SIDE <input type="checkbox"/> BACK <input type="checkbox"/>				
2.1 Getting On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.2 Getting Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
RAMP: SIDE <input type="checkbox"/> BACK <input type="checkbox"/>				
2.3 Getting On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.4 Getting Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.5 Achieving parking position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments: _____

C3. DRIVING WITH CONTROLS IN DIFFERENT POSITIONS

3.1 Position 1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.1 Position 2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

C4. DRIVING ON VARIED SURFACES

4.1 Surface 1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.1 Surface 2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.1 Surface 3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.1 Surface 4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

C5. ACCESSING PUBLIC PLACES

	Not Applicable	Not Assessed	Performance Score
ENVIRONMENT 1 (specify)_____			
• Approach (describe)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Entrance (describe)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maneuvering_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maneuvering_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maneuvering_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:_____			

ENVIRONMENT 2 (specify)_____			
• Approach (describe)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Entrance (describe)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maneuvering_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maneuvering_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maneuvering_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:_____			

ENVIRONMENT 3 (specify)_____			
• Approach (describe)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Entrance (describe)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maneuvering_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maneuvering_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maneuvering_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:_____			

POWER-MOBILITY COMMUNITY DRIVING ASSESSMENT

SCORE and SUMMARY FORM

SCORING:

TOTAL SCORE = $\frac{\text{Sum of scores for each applicable item}}{4 \times (\text{Number of applicable items})} \times 100 = \underline{\hspace{2cm}} \%$

Please note: The total score does not represent a percentage of normal. Rather it provides a reference number that may facilitate comparing performance over time. Scoring can be used to assist the therapist and driver to identify areas where training may be needed, and/or where device or environmental modifications may be needed to support the driver's ability to drive.

DEVICE RECOMMENDATIONS:

AREAS REQUIRING TRAINING:

INTERVENTION PLAN:

ADDITIONAL COMMENTS:

FOLLOW-UP: