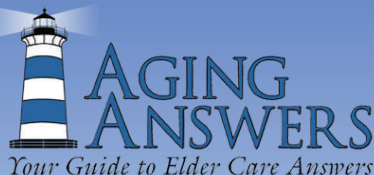


Summer/Fall
2011

The Illuminator



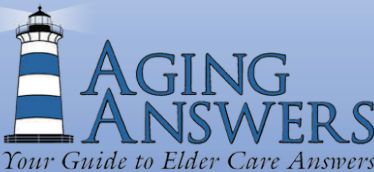
Laurel
Felsenfeld,
BSN RN CRRN CCM

Aging Answers' Services:

- **Assessment** — to identify needs & support system
- **Referrals** — to services that best meet the client's needs, budget, personality and our high standards
- **Coordination** — arranging, evaluating, and revising the services
- **Transition Assistance** — for moves to assisted living or skilled care
- **Monitoring** — 24/7 on call support

Meet the Founder!

Laurel Felsenfeld, company founder and president, is a certified rehabilitation RN and case manager in practice since 1990 with personal experience from family members affected by Alzheimer's and multiple sclerosis. **2009 Recipient of the Oakland University Nightingale Award for Excellence in Community Nursing**



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Miss Daisy's Driving?!

Part 1: Recognizing and Responding to Impaired Driving Ability

Driving is the most complex daily living task and most taken for granted. Aging is not kind to the physical and cognitive abilities necessary for safe driving, and many older drivers lack formal training putting them at high risk. Statistics show that drivers over the age of 80 have accident rates comparable to the highest risk group — 16 to 21 year olds! Worse still, the fatality rate for older drivers is significantly higher than for younger drivers¹ likely due to older vehicles, decreased bone and muscle mass, and chronic conditions such as osteoporosis, heart disease, diabetes contributing to more serious injuries, surgical complications, and impaired healing. Consider a petite 90 year old, 92 pound lady up against the steering wheel of her '98 Town Car to see over the dash and a fender bender deploys her air bag (older systems don't adjust for impact speed and passenger weight) with fatal results. Even minor injuries can have major impact, such as a man with Parkinson's disease made wheelchair bound from wrist fractures suffered in a minor accident preventing him from using his walker.

Driving takes good concentration, recognition of surroundings, vision, hearing, movement of the neck, hands, arms and shoulders, and reflexes.¹ As a geriatric care manager I often see clients that can drive short familiar routes, but can't recognize and respond rapidly to the unexpected—someone cutting them off, a detour, windshield splash or sudden deluge, an accident ahead, emergency vehicles at roadside, bicyclist, a child running into the street—while fine most of the time, it only takes one time for tragic consequences. Letting someone like this continue to drive is akin to allowing a 12 year old to drive—physically and mentally capable of driving tasks

but lacking in judgment, reasoning, and timing skills.

but lacking in judgment, reasoning, and timing skills.

How do I know if someone may have to stop driving?

Observing driving first-hand for the following signs of declining skills is the best way. If you are afraid to get in the car with him now is the time to see the primary health care provider! He or she can write a prescription for a comprehensive evaluation by a licensed occupational therapist that specializes in driver assessment and rehabilitation to determine whether driving difficulties are "rehab-able" or not—the therapist may recommend compensatory techniques and devices for physical limitations. Medicare usually does not cover driving evaluation, but it is a tax deductible medical expense and well worth the cost (\$300-500) for peace of mind.

Signs of Declining Driving Skills:

Repeated "close calls", violations, or collisions, even if minor

Striking or grazing parked cars or stationary objects—look for multiple dings, dents & scrape marks on the car. Consistent and increasing problems with noticing pedestrians, objects, signs, responding to other vehicles.

Being surprised by passing cars, unusually hard braking for hazards or stops, switching lanes abruptly and without signaling.

Running lights or stop signs, protruding into intersections.

Observable physical problems with movement such as tremor, decreased coordination, difficulty moving arms or legs, difficulty turning head.

Highly anxious or agitated when driving or after driving.

Complains of unusually tired soon after driving.

Avoids driving whenever possible
Limits driving to dry roads, short distances on familiar routes.

Other drivers honk their horns, pass, or tailgate on a regular basis.

Diagnosed with conditions that are known to impair mental or physical ability—Alzheimer's disease, dementia, Parkinson's disease, arthritis, macular degeneration, stroke, emphysema.

What if I know for sure someone should not drive?

If a health care professional directed someone not to drive, or you have observed unsafe driving, you can file an OC 88 report to the Michigan Secretary of State Office (SOS)—the person will receive a letter to appear at a SOS office for a driving evaluation. Failure to respond or appear automatically results in license suspension. The person filing the complaint is not identified to the recipient.

For more information:
www.michigan.gov/sos
or 888-767-6424

More Resources:
¹www.TheHartford.com/talkwitholderdrivers

Traffic Improvement Association of Oakland County "Safe Driving for Mature Operators" course Joan Rich (248) 334-4971 ext 24 or 248 701-0971 joanr@piami.org

Area Agency on Aging 1-B, Southfield, Michigan
"You Decide: Senior Driving Awareness Program"
(248) 357-2255

AARP 55 Alive/Mature Driver Program 1-888-227-7669
www.aarp.org/family/housing/driver_safety_program

Automobile Association of America (AAA) of Michigan
For more information, contact DriverTraining@AAAMich.com or call (866)659-1317

by Laurel Felsenfeld BSN RN CRRN CCM

Next Issue: Keys to the Car Key Talk
Know what to say and when to say it

