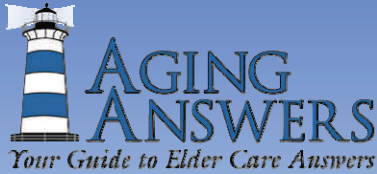


Summer/Fall
2011

The Illuminator



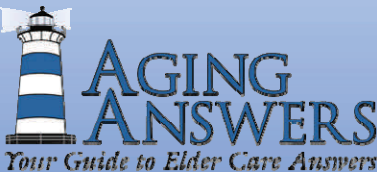
Laurel
Felsenfeld,
BSN RN CRRN CCM

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 2 Keys to the Car
Keys Talk

Part 1 described the warning signs of impaired driving ability and common causes. Driving is the most complex daily living task. If someone has trouble with driving they likely also have difficulty with other complex skills such as paying bills, managing medications, balancing the checkbook, remembering appointments, keeping the house clean and maintained. We recommend expressing your concerns about the "big picture" rather than your observations of impaired driving. We also advise having a "transportation response plan" worked out before bringing up any concerns. Of course, if someone is known to be unsafe (caused or almost caused an accident) don't wait— it is your civic duty to contact the Michigan Secretary of State's office for mandatory reexamination (the person is not told who filed the complaint)— there is a form OC88 available online www.michigan.gov/sos or 888-767-6424

Who should bring up the subject and when?

If you suspect your loved one's driving and other abilities have been affected by a condition such as dementia, stroke, Parkinson's disease, or Alzheimer's we recommend seeking help from a medical professional. Many primary care physicians do basic dementia screening and can prescribe medications to slow the progression. Neurologists and psychiatrists that specialize in geriatrics and geriatric assessment clinics perform more extensive testing to identify the specific areas of function affected and severity, the type of dementia, and will monitor over time to detect

progression and treat symptoms as well as prescribe medications to slow progression. Most important, they will refer the family to support resources such as professional geriatric care managers for assistance in coping with the impact of the diagnosis on daily life and long term planning. We recommend attending the appointment if possible in order to share your observations and to request a prescription and referral for a "rehabilitation driving evaluation." If attending the appointment is not possible contact the provider in advance of the appointment preferably in writing by fax with a cover sheet requesting the letter is put in the chart. Call the day of the appointment to remind the staff to alert the doctor to read your letter.

The Gold Standard: A Professional Rehabilitation Driving Evaluation

In most cases Medicare and other health insurance does not cover (average \$250-600 depending on number of sessions and road testing) but it qualifies as a tax deductible medical expense. A licensed occupational therapist or physical therapist certified in driving evaluations reviews the clients medical history, tests problem solving and reaction time, and observes driving skills with a simulator or road test in a dual brake equipped car. Performance is compared to age adjusted norms and takes formal driver's training or lack thereof into account. The therapists provide training in use of assistive devices and adjustments to support continued driving whenever possible. When a driver's performance is not correctable these professionals have years of experience delivering the bad news gently and explaining why driving is no longer safe. If a driver refuses to give up driving despite poor performance the therapist sends her report to the Secretary of State as required by law

(mandated reporting) and to the prescribing physician. This makes the therapist and 'the State' the bad guys rather than the family. The Secretary of State issues a notice to the driver to appear for a drivers test and to submit a physician's statement of physical/mental fitness (which the doctor won't agree to write based on the therapist's report). If the driver does not keep the appointment a notice of revocation is sent to the driver and entered in the State Police database. If the driver is pulled over the license will be confiscated, the car may be impounded (most officers call a family member to pick up the driver/car and will not file charges for driving on a suspended license if no accident occurred and the driver cooperates). Most rehabilitation hospitals and large medical centers have driving evaluation programs through the outpatient therapy department.

The Transportation Response Plan: Do this before "The Talk"

Resistance to giving up driving comes from fear of losing independence and convenience. Our experience is most people reject riding buses, community transit services that must be scheduled in advance and have limited destinations or mileage radius, or regularly depending on family or friends. A geriatric care manager can identify transportation options best suited to the client's needs, desires, and budget and demonstrate how the operating costs of one's own vehicle on a per trip basis may be 2-3 times higher than the options presented.

Resources:

www.TheHartford.com/talkwitholderdrivers

The Association for Driver Rehabilitation Specialists
www.driver-ed.org 866-672-9466

www.agingwisely.com/wp-content/handouts2011/TakingAwayKeys.pdf

by Laurel Felsenfeld BSN RN CRRN CCM

Next Issue: Late in Life Marriage & Long Term Care Planning

