STROKE

The residual impairments from cerebral vascular accidents are multiple and range from sensorimotor deficits, communication impairments, to cognitive dysfunction. While some of these residua are evident and obviously preclude the operation of a motor vehicle, other deficits are more subtle but still constitute a contraindication to driving.

The more subtle deficits include those which influence visual/spatial reasoning motor planning, problem solving, judgment and visual field loss (refer to visual field profile). Such deficits as these present significant barriers to the safe operation of a motor vehicle since the stroke victim may have problems turning corners, staying on the road, responding to simultaneous challenges from both visual fields, and judging distances, to name a few. Many of these impairments may be brought out in a functional road test conducted by a qualified examiner.

The more obvious sensory motor losses with impairment of limb function present another type of disability. If this type of patient does not have the previously mentioned spatial disorientation, visual deficits and motor planning impairment, the person may be a candidate for driving a motor vehicle using adaptive equipment.

The stroke patient is the worst judge of the patient's capacity to drive since the brain damage may interfere with accurate self-assessment. The patient may appear "deceptively competent". The physician must, therefore, depend on the assessment of others experienced in the intricacies of driving evaluation. As a rule of thumb, a stroke patient should not drive unless the patient's ability has been demonstrated to an experienced driver license examiner.

FUNCTIONAL ABILITY PROFILE:
Stroke

Profile Levels	Circumstances*	Condition Example	Interval for Review
1.	No diagnosed condition	No known disorder.	
2.	Condition fully recovered & compensated	Past history of stroke with no residual sensorimotor, cognitive judgment, communicative or visual impairment, no seizures. No need for braces, canes or assistive devices.	N/A
3.	Active impairment:	**Please indicate in comment area of form any cognitive or physical deficits**	
	a. Minimal	a. History of stroke which no longer results in functional impairment of driving. Compensating personal[1] or non-standard accessory devices[2] may be used. **REQUIRES ROAD EVALUATION**	a. N/A
	b. Mild	b. Impaired use of upper extremity, ambulation with brace, assistive device (cane) sensorimotor deficit, cognitive or judgment impairment. **REQUIRES ROAD EVALUATION**	b. 4 years
	c. Moderate	c. Acute CVA with sufficient functional impairment to hinder current operation of a motor vehicle; has potential for improvement.	c. No driving
	d. Severe	d. Bilateral CVA's visual, cognitive and sensorimotor impairment, impulsiveness, poor judgment. Not expected to improve.	d. No driving
4.	Condition under investigation	Recent stroke	As needed
	NOTE: T.I.A. and amaurosis fugax, by virtue of their implications, require cessation of driving for at least one month and inclusion in condition under investigation.		

[1] Prosthesis, brace, etc.
[2] Hand controls

* For further explanation refer to page 1