



Driving Guidance

Patients often ask their surgeon: "Can I drive a car?"

Unfortunately, the answer is not simple.

There are <u>no formal guidelines</u> to determine when patients can or cannot drive after upper-extremity surgery. Insurance companies and law enforcement generally place the <u>responsibility of safe return to driving on the patient</u>, and ultimately the <u>onus is on the patient to act sensibly</u>.

As a surgeon, I cannot "clear" a patient to drive nor provide "driving restrictions," as that requires either simulated or road testing – which is neither practical nor possible. What I can do is offer the following evidence-based recommendations that have been gathered from medical literature on the subject:

- Patients should exercise personal responsibility when driving, including the ability to grip the steering wheel and turning through a full range of motion
- Patients can self-test these movements in a stationary vehicle or parking lot
- Some occupational therapists can perform a formal driving evaluation if required by an employer
- There is no standard time to return to driving after surgery, but many patients do return to driving within 1-3 weeks after a procedure
- A long arm splint (above the elbow) results in greater immobilization and limitation than a short arm splint (below the elbow)
- Pain, medications, and immobilization devices can all distract patients and affect the ability to safely operative a vehicle
- The AMA/NHTSA recommendation is for "older drivers" and their recommendation that a person can return to driving "upon demonstration of the necessary strength and range of motion" does not list the minimum level of strength and degree of motion, nor does it suggest who should be involved in the assessment—the patient and/or other professional(s)
- The USPHS recommendation calls for a performance examination if "impaired" but does not specify who determines impairment and to what extent retesting is needed
- The USDOT recommendation calls for a performance evaluation for commercial motor vehicle drivers with musculoskeletal disorders but does not have a recommendation for noncommercial drivers.
- Ultimately, patients are responsible for their decisions and actions

References:

- Stock MS, Light WO, Douglass JM, Burg FD. Licensing the driver with musculoskeletal difficulty. J Bone Joint Surg Am. 1970;52(2): 343e346.
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