

SAFE DRIVE WITH **apollo**

How mobile will you stay?



Age brings with it decreased mobility, among a host of other physical degerations. Such is the way of life. A look at how to ascertain whether a person is mobile enough to drive

For all patients aged 65 and older, specific questions about driving should be included in the primary care history: How did he get to the primary care visit? How often and under what circumstances does he drive? Any traffic violations, accidents, or close calls within the past six months, year, two years? Any episodes of getting lost while driving? Does he feel comfortable and want to continue driving?

Aging precipitates changes in muscle strength, reaction time, and mobility, particularly of the neck, shoulder, and wrist. Decreased muscle strength can significantly impact driving ability. Grip strength appears to decline after age 75, although exercise

can help avoid significant loss. Restrictions in neck, shoulder, and wrist movement, often caused by rheumatic conditions, can restrict the field of view in traffic situations, as well as the ability to control the steering wheel. Mobility issues relevant to driving can be assessed by the three most important tests, the screening test, the grip test and the functional reach test as mentioned below.

What are the screening tests?

Evaluate range of motion of the neck, shoulders, and wrists. Evaluate balance and gait with the Get Up and Go Test. In this brief and practical test, the older patient is asked to rise from a chair, walk ten feet, turn around,

walk back, and then sit down. The test is timed and usually takes 15 seconds. The examiner should observe the use of the arms or hands to assist the rise from the chair, the height and length of the steps, use of the arms when walking, balance and ease of the turnaround (the most unstable portion of the gait), and how easily the older patient sits down again. There are no established norms to score the test, but observation of these aspects of the older patient's performance during the Get Up and Go Test can provide important information on the risk for falls and driving problems.

What is functional reach test?

It is another test for balance and

fall risk that is easily administered in the primary care office. A yardstick is mounted to the wall. The patient stands close to the wall with feet flat on the floor and raises one arm parallel to the yardstick, with the arm at 90 degrees of shoulder flexion, the elbow extended, and the hand fist. The patient is asked to keep the fist in line with the yardstick and lean forward as far as possible, without taking a step or falling forward.

As the patient leans forward, the fist moves along the yardstick. If the starting and ending point of the fist is less than six inches, the patient is at a high risk of falling within the next six months.

Rahul Ghosh

When you want control at the wheel, you need to keep your wheels in control.

