

Bacharach

PHYSICAL THERAPY CENTERS

DRIVING PROGRAM

New Jersey State Law, N.J.S.A. 39:3-10.4, says it is a physician's responsibility to contact N.J. Motor Vehicle Commission if a client is felt to be unsafe to drive. To get an accurate assessment of the client's ability, a doctor can refer a patient to the Bacharach driving program for evaluation and training.

To Schedule

Have your doctor fill out and fax the Bacharach Driving Program Prescription Form on the last page. Call 609-652-7000 and ask for outpatient admission to schedule

Important Information

- A licensed driver must drive the client to the all appointments.
- Please sign in at the cashier prior to the evaluation.
- The cost is \$35 per 15 minute unit of time. Most sessions last an hour, but some sessions may be longer. This program is not covered by insurance. Payment is due when services are rendered.
- The client must bring his/her valid driver's license and glasses (as needed). Prior to Pre-Driver Evaluation, all clients must have had a thorough visual exam within the past six months. Lateness (15 minutes or more) may result in cancellation of the session.

In the event the client needs to cancel any session, please contact the Occupational Therapy Department at 609-748-6866.

The driving program assesses the client's driving skills in three steps on separate days.

1. Pre-Driver Evaluation
2. Behind the Wheel Evaluation/Training (two- one hour sessions)
3. NJ Motor Vehicle Road Test

Pre-Driver Evaluation

This is a tabletop exercise assessing physical and perceptual abilities, language skills, general attitude, behavior, vision, reaction time and cognitive (thinking) skills. Basic computer tasks evaluate attention, reaction time and vision.

PASS #1 The client is ready for a road test with N.J. Motor Vehicle Commission (NJMVC) prior to driving independently.

PASS #2 The client needs Behind the Wheel Evaluation and Training (using recommended adaptive driving equipment if applicable).

PROVISIONAL PASS The evaluator has requirements which must be completed before participating in the Behind the Wheel Evaluation.

BORDERLINE The client who receives a borderline score will be further assessed during the Behind the Wheel Evaluation.

FAIL The client may not continue with the driving program and the referring physician will be contacted.

Behind the Wheel Evaluation

The Behind the Wheel Evaluation consists of 2 separate one-hour appointments. There is a \$140 charge for each appointment.

The evaluation includes on-the-road experience and assesses a client's ability to safely and independently perform basic driving skills in a variety of road situations based on the criteria of NJMVC. Bacharach's 4-door, automatic transmission, dual-controlled, adapted driving vehicle is utilized for these sessions.

Behind the Wheel Training

Next, the Driving Instructor will determine if additional sessions are required with or without adaptive driving equipment. Adaptive driving equipment may include: hand controls, spinner knob, left foot cross-over-accelerator, cross-over extension for directional signal or other modifications. The Driving Instructor provides verbal feedback during each session. Future driving appointments are scheduled after each session.

Driving Route Includes:

- Residential area
- 2 lane rural roadways
- 4 lane rural roadways (Rte 30 – White Horse Pike, Rte 322/40 Black Horse Pike)
- 4 lane rural highway (Garden State Parkway)
- Shopping plaza
- Parallel Parking
- K Turn / 3 Point Turn
- Reverse Parking
- Reverse driving 50 feet

PASS #1 No equipment required. The next step is a NJMVC road test prior to driving independently. The NJMVC road test is performed at the Mays Landing Motor Vehicle Agency. Road Test is scheduled by the Driving Instructor.

PASS #2 Adaptive Driving Equipment is required.

The client completes the mandatory NJMVC road test in Bacharach's Driver Education vehicle. The fee is \$140. The appointment will be scheduled by the Driving Instructor.

After successfully completing the NJMVC road test, a prescription is provided by the Driving Instructor for the recommended adaptive driving equipment. The client needs to obtain the referring physician's signature on the prescription before the equipment can be installed in the vehicle. The client is provided with a list of certified equipment vendors from which they can purchase the recommended adaptive driving equipment for installation in their personal vehicle.

The client needs to go to a NJMVC Office with six points of identification to obtain an updated license to include the restriction code for the adaptive driving equipment.

If the client fails the NJMVC road test, the client can re-take the road test after a two-week waiting period. If the client is unsuccessful after three attempts, the client must wait six months to re-test per NJMVC policy.

FAIL If the client should fail Bacharach's Drivers Program at any point, the referring physician will be contacted. It is then the referring physician's responsibility to contact NJMVC to indicate the client is not safe to drive a vehicle. The client will then receive a letter from NJ Medical Fitness regarding the physician's determination that the client is not safe to drive. It is the referring physician's decision to refer the client to a driving program again after waiting 6 months.

If you have questions about the program call 609-748-6866.

Please bring this Driving Packet and signed form with you on the day of your Pre-Driver Evaluation Appointment.

I have read and received the Driver's Education package provided. By signing below, I understand the program plan, goals, and discharge procedure.

Client Signature

Date

Time

Evaluator Signature

Date

Time

Bacharach

PHYSICAL THERAPY CENTERS BACHARACH DRIVING PROGRAM PRESCRIPTION FORM

Your doctor must fill out this form before scheduling your appointment for our driving program.

PATIENT NAME _____

DATE OF BIRTH _____ AGE _____ GENDER _____

CURRENT DRIVER'S LICENSE: YES/NO STATE _____

Please write the diagnosis why you are referring patient for the Driver Evaluation:

Please write your concern regarding the patient's driving ability:

Please circle the patient's medical conditions:

- Arthritis (type): _____
- Alzheimer/Dementia
- Back Pain
- Blood Clots
- Broken Bones/Fractures
- Confusion
- COPD/Emphysema
- Depression/Anxiety/Irritability
- Developmental Problems
- Diabetes
- Emotional/Behavior Problems
- High Blood Pressure
- Vision: Cataracts Diabetic Neuropathy • Stroke
Glaucoma Macular Degeneration
- Learning Disability
- Low Blood Sugar
- Heart Condition: A-Fib CABG Pacemaker/AICD
- Lung Problems/Asthma
- Memory Deficits
- Multiple Sclerosis
- Parkinson Disease
- Peripheral Neuropathy
- Peripheral Vascular
- Seizures: Date of last one _____
- Substance Abuse *please explain*
- TBI

Physician Signature

License Number

Date

Print Name

Address

City, State, Zip

Phone Number

Fax Number