Driving fitness assessment in Portugal

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Introduction.– Many conditions may impair the ability to safely operate a motor vehicle. Driving competence assessment is very important to grant road security. Sometimes it’s even necessary to make some vehicle adaptations. In Portugal, there is only one driving simulator, which is located in Rehabilitation Medicine Centre of Alcoitão. This study aims to disclose the evaluation methods used in this centre.

Material and methods.– Data was collected from driving fitness assessment reports from June 2007 to December 2013. Characterization of reports was undertaken with regard to the patient (demographics, diagnosis and disability) and the result (fit with/without adaptation(s) or unfit). Some considerations were made about the results founded.

Results.– Since the installation of the actual simulator more than 1100 exams were performed. A total of 73% of the patients were men and 84% had license to drive previously. The major cause of disability was stroke. Then, 66% were considered fit to drive with adaptations and 10% were considered unfit to drive, mainly because motor/mental impairment.

Discussion.– Driving ability results not only from the integrity of motor and mental skills, but also from good vision and hearing. Driving fitness assessment is necessary whenever there are doubts about patients’ capabilities - these may change over time.

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Telerehabilitation of manual dexterity: A pilot study

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Introduction.– Distant technologies allow rehabilitation of non-mobile patients and patients living in distant locations. The study was aimed to develop a technique of manual dexterity telerehabilitation.

Methods.– Five patients with stroke, TBI, spinal trauma aged 45.3 ± 12.5 years were included into the study. Distant assessment of manual dexterity included Disabilities of the Arm, Shoulder and Hand (DASH) scale rating with the use of Scopia teleconference system and measurement of the range of motions with HandTutor biofeedback glove. The software was installed to patients personal PC by the use of TeamViewer. Program lasted 3 weeks to 4 months.

Results.– Compliance was high in all participants. Equipment adjustment and instructing the patients on its use took 1–3 sessions. After this period, all the patients were able to use the system on their own according to therapeutic plan. All the technical problems were solved distantly. After telerehabilitation course, DASH score decreased from 72.1 ± 14.3 to 55.7 ± 13.2 (P = 0.03), range of

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