GTA REHAB NETWORK Best Practices Day 2007
Rehabilitation Relationships: Understanding the Human Factor, Maximizing Human Potential
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POSTER PRESENTATION

RETURN TO DRIVING FOLLOWING LOWER EXTREMITY AMPUTATION

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PURPOSE: To identify predictors of return to driving following major lower extremity amputations. RELEVANCE: There is very little research on driving post-amputation. This is the first investigation of amputee patients' perceptions of issues surrounding the decision to return to driving. DESIGN: Cross sectional study. SUBJECTS: 123 patients with unilateral or bilateral major lower extremity amputation (63.4 ± 12.1 years). METHODS AND MATERIALS: Patients who attended the outpatient amputee rehabilitation clinic were asked to fill out a brief questionnaire regarding driving status pre-amputation and post-amputation. Questions included relevant medical history, driving history, vehicle modifications, contact with the automobile licensing authorities, concerns about driving, and any barriers preventing return to driving. RESULTS: 80.5% of the participants were able to return to driving an average of 3.8 months after amputation, although the majority reported a decreased driving frequency. Female gender (OR = .08; 95% CI = .02-.34), age > 60 years (OR = .16; 95% CI = .03-.74), right-sided amputation (OR = .13; 95% CI = .03-.52) and pre-amputation driving frequency of less than every day (OR = .18; 95% CI = .05-.69) were all significantly related to a reduced likelihood of return to driving post-amputation. Individuals with left-sided amputation have significantly less concerns regarding driving, while those with a right amputation frequently require vehicle modifications or modified driving technique. Common barriers to return to driving included preference not to drive, lack of confidence / fear, and related medical conditions. CONCLUSIONS: The majority of individuals with major lower extremity amputation are able to return to driving following major lower extremity amputation. Older female patients with right-sided amputation who drove infrequently prior to amputation were least likely to resume driving.