Driving with Disability | OT Assessments | Bloom Healthcare

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Details:

Yes, it can. That is the question most people are actually asking, so here is the straight answer. An occupational therapy driving assessment evaluates whether you have the physical, cognitive and sensory skills to drive safely, and one of the possible outcomes is a recommendation that you stop driving. The occupational therapist does not cancel your licence. Assessment results go to your state or territory licensing authority, and that authority decides.

Many assessments do not end that way. Plenty end with the licence retained, sometimes with a vehicle modification or a restriction such as daylight-hours-only driving. But this is a real assessment with real consequences, and you should know that before you book rather than after.

Who decides what

This gets confused constantly, so here it is plainly.

Who	What they do
Occupational therapist	Assesses how a medical condition, injury or age-related change affects the functional abilities driving requires. Writes the report and recommendations
Accredited driving instructor	Works alongside the OT on the on-road component and assesses actual driving technique and real-world performance
Your doctor or specialist	Provides the medical information behind the referral, and often raises the question in the first place
State or territory licensing authority	Receives the assessment results and decides whether a licence is retained, restricted or suspended

Driver licensing in Australia is administered by each state and territory. Assessments follow the fitness-to-drive guidelines that apply in your jurisdiction, and licensing authorities may request an assessment as part of those arrangements.

A note on what this page will not tell you. The rules on when you must notify your licensing authority about a medical condition, what a conditional licence involves in your state, and what appeal rights you have are set by your state or territory, and they differ. Nothing here should be read as the rule where you live. For those questions, go to your own state or territory licensing authority, or ask the occupational therapist doing your assessment which local requirements apply to you.

Who gets asked to have one, and why

An assessment usually comes up in one of three ways: your doctor raises it, the licensing authority requests it, or you or your family ask for it yourselves.

The circumstances that commonly lead to one include:

Neurological conditions such as stroke, Parkinson's disease or multiple sclerosis

Cognitive conditions including dementia and acquired brain injury

Vision impairment and changes in visual perception

Physical disability affecting strength, coordination or range of motion

Age-related change where reaction time, strength, coordination, memory or decision-making has declined

One thing worth naming: families often notice before the driver does. If you are the one worried about a parent or partner, an assessment is a way of getting an objective answer rather than having the same argument again. It also takes the decision out of the family and puts it with people whose job it is.

The off-road part

The clinical component happens in a controlled setting using standardised testing, and it establishes a baseline of your functional capacity across three areas.

Physical skills. Strength, coordination, range of motion, and the physical capacity to operate and control a vehicle.

Cognitive skills. Memory, attention and concentration, problem-solving, and decision-making. These matter because driving is a divided-attention task. Monitoring several hazards at once, and making decisions quickly in changing traffic, is where cognitive change shows up first.

Sensory skills. Vision and visual perception as they relate to driving, along with other sensory functions relevant to operating a vehicle safely.

Before this you will usually be asked to provide medical reports or letters from your healthcare providers, your driving history and current driving habits, your licence details, and a list of your medications.

The on-road part

The on-road assessment tests real-world driving with a trained driving instructor present alongside the occupational therapist. You drive through the situations that actually create risk: intersections and the decision-making they demand, merging, spatial awareness and lane discipline, parking and vehicle control, and other conditions relevant to where you normally drive.

The division of labour is deliberate. The occupational therapist watches how your condition affects your performance. The instructor assesses driving technique. Together that produces a fuller picture than either could give alone.

The outcomes, including the one people fear

After both components you receive a detailed report with the findings and practical recommendations. The outcomes fall into a few groups.

Licence retained. You continue driving, either as you are or with minor changes to your vehicle or your driving habits.

Licence retained with restrictions. Common recommendations include time-of-day restrictions such as daylight hours only, or limits on travel distance. The point of a restriction is to keep you driving in the conditions where you are safe rather than removing driving entirely.

Vehicle modifications. For physical or sensory limitations, adaptive driving aids can make driving safe again. See the next section.

Stopping driving. If driving is no longer safe, the recommendation will say so, and the occupational therapist's job shifts to helping you get around another way.

Licence suspension. The licensing authority may suspend a licence based on the findings.

It is worth being clear that the purpose of the assessment is not to strip driving privileges. It is to work out what is actually true about your driving, and the range of outcomes above is wider than the yes-or-no most people imagine when they walk in. It is also not a test you pass or fail, though it will not feel that way on the day.

Vehicle modifications and adaptive aids

Where the barrier is physical, the answer is often equipment rather than stopping. Common modifications include hand controls, left-foot accelerators and steering wheel aids.

Modifications are not just handed over. The occupational therapist assesses what you need, recommends the specific device, and then trains you in using it confidently and safely. That training is part of the point. An unfamiliar control in an emergency is its own hazard.

Driving after a stroke or brain injury

This is one of the most common reasons for an assessment, and it is worth understanding why it is not simply a question of whether your arm works.

After a stroke or acquired brain injury, three things can change at once. Cognitive changes affect memory, attention, executive function and decision-making, which drives reaction time and the ability to handle complex traffic. Visual and perceptual changes affect hazard recognition, judging distance and general awareness of the road. Physical changes affect pedal and steering control, emergency manoeuvres and safe positioning.

Because all three can be affected, a person can feel recovered and still not be safe to drive, or be safe in quiet local streets and not in heavy traffic. The assessment is designed to find that line rather than guess it.

Recovery work often runs alongside. Physiotherapy rebuilds strength, balance and motor function. Exercise physiology supports strength and movement patterns through structured programs. Speech pathology addresses cognitive-communication changes that affect processing and decision-making. Occupational therapy covers the broader return to daily function. For eligible NDIS participants, those rehabilitation services can be funded under the plan where they support mobility, independence and community participation goals.

Older drivers

Age on its own is not a reason for an assessment. Change in function is. Slower reaction times and vision changes are the usual triggers, and the aim is to keep older drivers mobile and independent for as long as it is safe to be, using therapy or vehicle modifications to compensate where that works.

If you are an older driver being asked to have an assessment, it is reasonable to ask what specifically prompted it, and to ask that any recommendation be as narrow as the evidence supports. Restrictions exist for exactly this reason.

Paying for it

How an assessment is funded depends on which system you are in, and these systems have different rules that do not carry across.

NDIS. Participants may be able to have assessments, assistive technology and training funded where driving is connected to goals in their plan, such as improving independence, accessing the community or returning to work. The occupational therapist's assessment findings and recommendations are what supports the funding request, so the report needs to document the functional impact clearly and explain why a modification is reasonable and necessary. If driving is a goal for you, it is worth having that goal written into your plan.

Aged care. Occupational therapy is a clinical support under the Support at Home program, and clinical supports are funded by the Australian Government without a client contribution. Access starts with an aged care assessment through My Aged Care, which leads to a support plan setting out approved services, after which you choose a provider. Whether a driving assessment specifically sits within your support plan is a question for your assessment and your provider, so confirm it rather than assuming.

Other routes. Costs vary and some services may attract a rebate. Bloom's fees and any gap are set out before you start. Call 1300 771 465 to go through what applies to your situation rather than relying on a figure you found somewhere else.

If the answer is that you should stop driving

This is a real loss and it is treated as one.

On the practical side, occupational therapists help people build an alternative that actually works: public transport or rideshare, community transport programs, carpooling with friends and family, and assistive technology such as a powered wheelchair where that is relevant. The work is not just naming the options. It is building confidence and skill in using them, often by practising in a graded way, starting small and working up to independent community access.

That extends to the routines driving was carrying. Getting to appointments independently. Shopping and handling money. Managing social settings and transitions. Keeping up the activities you actually care about, which is the part that stops this becoming isolation.

On the emotional side, Bloom's psychologists work alongside the occupational therapists. Counselling and evidence-based strategies help people work through the loss and the anxiety, build resilience, and find other ways to stay independent and connected. If you are dreading this outcome, say so early. It is a normal reaction to a significant life change, not a weakness.

How to prepare

Gather your paperwork. Medical reports, licence details, and a full list of your medications.

Drive normally in the lead-up. Speed limits, road rules, and basic manoeuvres like parking. Do not adopt a driving style for the test that is not how you actually drive.

Expect to feel anxious. Nearly everyone does. Say it out loud to the assessor at the start rather than carrying it silently through the drive.

Bring your questions. What exactly is being assessed, what happens to the report, who sees it, and what the range of possible recommendations is in your case.

How to get one

An assessment can be requested by a healthcare provider, by a licensing authority, or by you.

Bloom Healthcare's occupational therapists can provide guidance on driving assessments, help you make an informed decision, look at adaptive options, or support the transition to other transport if that is where it lands. Supports are delivered in homes and community settings across New South Wales, Queensland, Victoria, South Australia, Western Australia, Tasmania and the Australian Capital Territory, with telehealth for the parts that suit it.

Call 1300 771 465 or email hello@bloom-healthcare.com.au with as much detail as you can, and someone will be in contact within 24 hours.

Common questions about OT driving assessments

Can I fail an OT driving assessment?

It is not framed as pass or fail, but it can result in a recommendation that you stop driving, and your licensing authority can act on that. Being honest about it is more useful than pretending otherwise. The wider truth is that there are several outcomes between keeping everything and losing everything, including restrictions and vehicle modifications.

Who actually cancels a licence?

Not the occupational therapist. The assessment results go to your state or territory licensing authority, which decides whether your licence is retained, restricted or suspended.

Do I have to tell the licensing authority about my medical condition?

Reporting obligations are set by each state and territory and they differ, so this page will not state a rule that may not apply where you live. Check with your own licensing authority, or ask your GP or the assessing occupational therapist which requirements apply to you.

What is the difference between the off-road and on-road parts?

The off-road clinical component uses standardised testing to measure physical, cognitive and sensory function in a controlled setting. The on-road component tests real driving with a driving instructor present, covering intersections, merging, parking and other real conditions.

How long does it take?

The assessment runs in stages: preparation, the clinical component, the on-road drive, then the report and recommendations. Timeframes vary with the individual and the setting, so ask when you book rather than assuming a single appointment.

Will I lose my licence because I have had a stroke?

Not automatically. Stroke can affect cognition, vision and physical control, sometimes all three, which is why an assessment is used rather than a guess. Some people return to unrestricted driving, some drive with restrictions or modifications, and some do not return to driving. The assessment is how that is worked out.

What vehicle modifications are available?

Common ones are hand controls, left-foot accelerators and steering wheel aids. The occupational therapist assesses what suits you, recommends it, and trains you in using it safely.

Will the NDIS pay for my driving assessment?

It can, where driving connects to goals in your plan such as independence, community access or returning to work. Assessments, assistive technology and training may all be funded. The therapist's report documenting functional impact is what supports the request. Check what your plan currently includes before booking.

Is a driving assessment covered under aged care?

Occupational therapy is a clinical support under Support at Home and clinical supports are government funded without a client contribution, but whether a driving assessment specifically is part of your support plan is a separate question. Confirm it with your provider or on 1300 771 465.

My parent should not be driving. What can I do?

Raise it with their GP, who can consider a referral. An assessment gives an objective answer and moves the decision away from the family, which usually helps everyone. If it results in restrictions or a recommendation to stop, occupational therapy can help build the alternatives, and psychology support is available for the transition.

What happens if I have to stop driving?

Occupational therapists help you build a workable alternative: public transport, rideshare, community transport, carpooling, or assistive technology, and they build your confidence in using them through graded practice. Psychology support runs alongside for the emotional side. The goal is keeping your life running, not simply removing the car.

Can I be assessed again later?

Function changes, particularly during recovery from stroke or injury, so a decision made at one point is not necessarily permanent. Discuss reassessment with your treating team and check the requirements with your licensing authority.

Where to go next

Occupational therapy

Therapy for 10 to 17 year olds

Occupational therapy in aged care

Pricing and funding streams

All services

Contact the team

What is the topic of the Bloom Healthcare article at this URL?

The article, titled 'What to Expect During an Occupational Therapy Driving Assessment,' explains the occupational therapy driving assessment process, covering clinical checks, on-road safety evaluation,

and NDIS funding options for people ready to get back on the road.

What is an Occupational Therapy (OT) Driving Assessment?

An OT Driving Assessment is a specialized evaluation designed to determine whether an individual has the physical, cognitive, and sensory skills required to drive safely, balancing the goal of maintaining independence with ensuring road safety for the driver, passengers, and others.

What is the main purpose of an OT Driving Assessment?

The primary aim is not to unnecessarily reduce driving privileges but to ensure safety on the road.

What medical conditions might prompt someone to need an OT Driving Assessment?

Conditions that may warrant an assessment include neurological conditions such as stroke, Parkinson's disease, or multiple sclerosis; vision impairments or physical disabilities; and cognitive conditions like dementia or brain injury.

Besides medical conditions, what other factors might trigger an OT Driving Assessment?

An assessment may be needed if a person's reaction time, strength, coordination, memory, or decision-making abilities have declined. Additionally, in Australia, state and territory licensing authorities may request an OT Driving Assessment as part of their fitness-to-drive regulations.

What should someone prepare before an OT Driving Assessment?

Before the assessment, a person may be asked to provide medical reports or letters from healthcare providers, a detailed driving history and information about current driving habits, and information about any medications they're taking. To prepare, it's recommended to practice safe driving habits, stay within speed limits, obey road rules, and practice basic maneuvers like parking.

What are the main steps involved in an OT Driving Assessment?

OT Driving Assessments typically involve four main steps: pre-assessment preparation, the clinical component, the on-road assessment, and (implied) a final outcome/recommendation stage.

What does the clinical component of the assessment evaluate?

The clinical component evaluates three key areas: physical skills (strength, coordination, and range of motion), cognitive skills (memory, problem-solving, attention, and decision-making), and sensory skills (vision and perception related to driving).

Who conducts the on-road assessment portion of the evaluation?

The on-road assessment is conducted with a trained driving instructor.

Who publishes this article and what is their focus?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that focuses on evidence-based practice and client-centred care delivered by highly qualified health practitioners across Australia.

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