

Driving and Multiple Sclerosis

ADED – The Association for Driver Rehabilitation Specialists

Multiple sclerosis can affect individuals in varying ways including tingling, numbness, slurred speech, cognitive changes, blurred or double vision, muscle weakness, poor coordination, unusual fatigue, muscle cramps/spasticity, bowel and bladder problems, and paralysis. Due to these symptoms, special equipment or accommodations may need to be made to aid a person in safely maintaining their mobility independence for as long as possible.

The following are physical considerations for selecting a vehicle:

Driving a sedan

The individual must be able to do the following:

- Operate primary vehicle controls with or without assistive technology.
- Operate secondary vehicle controls with or without assistive technology.
- Transfer in and out of the vehicle.
- A wheelchair/scooter might need to be stored and retrieved. Special equipment is available to aid with storage.
- If spasticity is difficult to manage, it may lead to an inability to drive.

Driving a van

Options may include a minivan with a lowered floor and a ramp, or a full-size van with a lift. Specialized modifications allow a person to transfer to the driver's seat or drive from a wheelchair. Technology may be able to compensate for the loss of strength or range of motion such as:

- Reduced effort steering and/or brake systems to compensate for reduced strength.
- Mechanical hand controls allow for operation of the gas and brake using upper extremities.
- Servo brake/accelerator systems compensate for reduced strength/range of motion of arms.
- If spasticity is difficult to manage, it may lead to an inability to drive.

The following physical changes may affect one's ability to drive:

- **Visual changes:**
 - May be severe enough that driving is precluded or night driving is prohibited.
 - If double vision is intermittent and can be monitored independently, then driving may be limited to avoid driving during an exacerbation.
 - Sunglasses may help with glare sensitivity. Night driving is not recommended with sunglasses.
 - Compensate for loss of peripheral vision with special mirrors and head turning.
 - Learn order of traffic signals to aid with color vision impairment.

continued

To locate a driver rehabilitation specialist in your area contact:

ADED – The Association for Driver Rehabilitation Specialists
200 First Avenue NW, Suite 505 ■ Hickory, NC 28601
(866) 672-9466 Toll Free in the US & Canada ■ E-mail: info@aded.net ■ Web: www.aded.net

■ **Cognitive issues:**

- Need to regulate emotions and avoid driving when upset, angry, or overly emotional.
- May be limited to familiar routes if some loss of memory or problem solving exists, but still enough judgment to drive.

■ **Decreased energy:**

- Energy conservation is vital.
- May require assistance with wheelchair loading to save energy for driving.
- Air conditioning aids with managing warm climates.

■ **Medications:**

- Seek the physician's input regarding side effects which may impair driving.
- Monitor when medications are taken. Don't drive when sleepy or just before or after medicating.



A certified driver rehabilitation specialist can provide a comprehensive evaluation to determine a person's ability to drive. The assessment should include vision, visual perception, functional ability, reaction time, and a behind-the-wheel evaluation.

If you or someone you know has multiple sclerosis and is having difficulty driving or obtaining a driver's license, a driver evaluation may be indicated. A driver rehabilitation specialist can provide a compressive evaluation and create a customized training program to address issues with driving.

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Where Driving Leads to Independent Living