

Appendix

Dear Patient:

The questionnaire below is distributed to our patient population to be filled out in a **completely anonymous manner**.

It regards your experiences and difficulties when you started driving again after you recovered from your injury. If you did not drive before your injury, then there is no need to fill out this questionnaire.

If you do not drive at present, please answer only the questions in PART 1.

The purpose of the questionnaire is to provide us with **honest and anonymous information** regarding our patients' issues and difficulties as they started driving again after an injury or operation. We will use this information to modify our return to driving recommendations appropriately.

Please be advised that some of the results obtained may be published in the future in the medical literature or as part of any new return to driving policy that may arise.

However, only general data and conclusions will be published and you will in no way be directly referenced in any publication that may result. **This questionnaire is completely anonymous. Please do not write your name or medical record information anywhere.**

After you complete it, please place it in the box in the front desk.

PART 1

PLEASE ANSWER THE QUESTIONS IN THIS PART EVEN IF YOU ARE NOT DRIVING AT PRESENT. (If you are driving at present, please answer them based on your feelings when you were not driving.)

1) Were you able to drive before your injury or operation?

___ Yes

___ No

2) Do you drive now after your injury?

___ Yes

___ No

3) Please write down today's date: ____/____/____

4) Please write down the date of your injury if you had one (approximate date is OK):

____/____/____

5) Please write down the date of your most recent trauma or elective surgery if any

(approximate date is OK): ____/____/____

6) Please write down the approximate date you started driving: ____/____/____

7) If you had an injury, did it happen in a motor vehicle accident?

___ Yes

___ No

8) Were you the driver, passenger, pedestrian, or other?

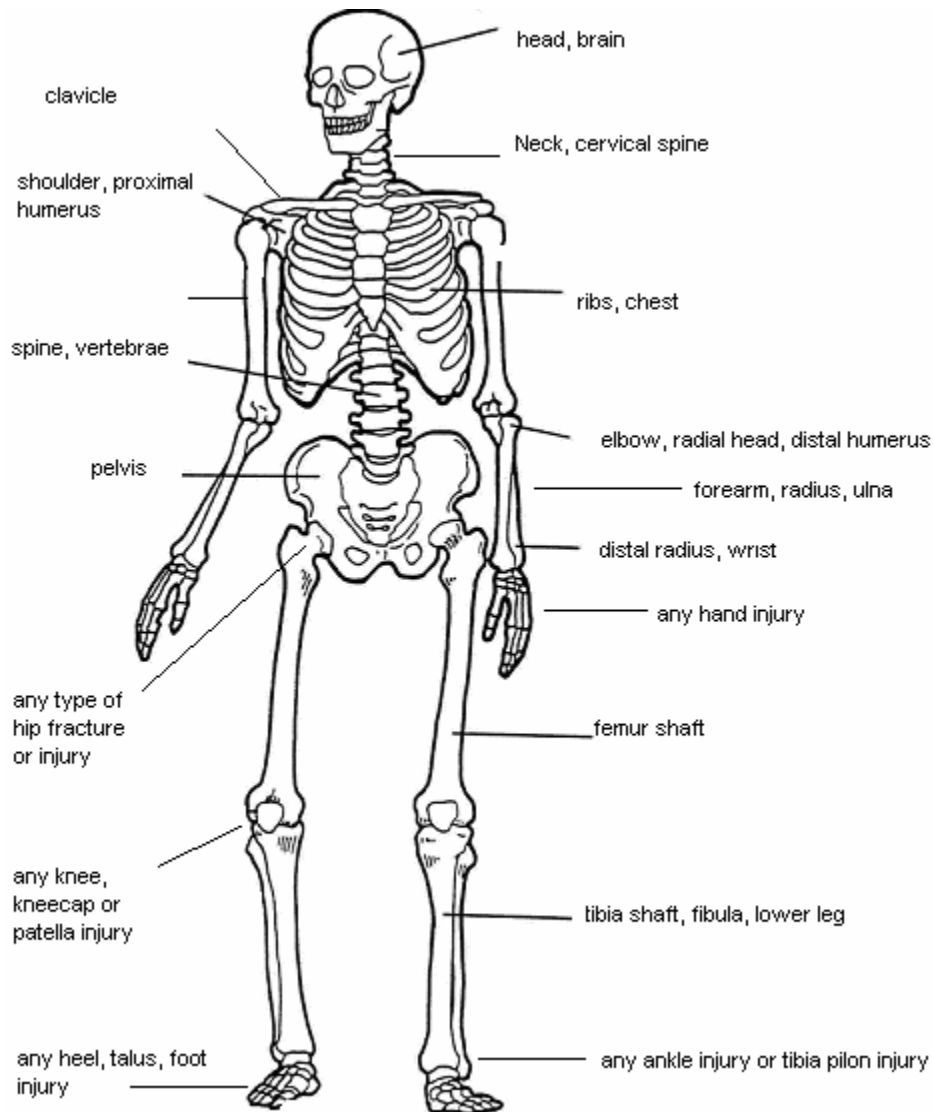
___ driver

___ passenger

___ pedestrian

___ other: _____

9) If you had a bone fracture, break, or other type of osseous, ligament or soft tissue injury, please describe the best you can the nature of your injuries by marking in the skeleton below the bones or areas that were injured and writing any detail in the area below:



Details of injury: _____

10) Please check the type of operation, if any, that you had:

- ☐ No surgery was done
- ☐ Fracture repair with pins, plates and/or screws
- ☐ Fracture repair with intramedullary rods
- ☐ Total or partial hip replacement
- ☐ Knee replacement
- ☐ Total or partial shoulder replacement
- ☐ Arthroscopic surgery
- ☐ Any type of hand surgery
- ☐ Spine fusion surgery
- ☐ Other type of spine surgery
- ☐ Other: _____

11) If you are not driving at present is it because (check all that apply):

- ☐ You feel it is too early to even ask the doctor.
- ☐ You feel it is unsafe to even consider driving yet.
- ☐ You are too afraid to ask your doctor because he/she may say no.
- ☐ Your family or friends have told you that you should not drive again.
- ☐ You feel your injury and subsequent disability will never allow you to drive again.
- ☐ You think you could drive if you wanted to but you are just too afraid to do so.

12) Is or was the inability to drive a major difficulty for you?

☐ Not a difficulty

☐ Minor difficulty

☐ Major difficulty

☐ More than a major difficulty: It is/was vital that I return to driving as soon as possible.

13) What help did you have with transportation while you were unable to drive?

☐ No help; I am stuck at home.

☐ Depended on friends for rides.

☐ Depended on family members for rides.

☐ Depended on public transportation.

14) Is not driving causing you significant financial hardship beyond what you would have just because of your injuries?

☐ Yes

☐ No

15) What community setting do you live in:

☐ City

☐ Suburban

☐ Rural

16) If you are **not** driving at present, are you planning to ask your doctor when you are ready to start driving again, or are you planning on driving when you think you are ready without consulting your doctor?

☐ I will ask my doctor when I can drive again.

____ I will not consult with him regarding my return to driving.

17) If you are **not** planning on consulting with your doctor, is it because: (check all that apply)

____ I am afraid my doctor will say that I cannot drive when I think I can.

____ I need to drive to survive even if my doctor says I cannot drive.

____ I do not think it is my doctor's role to tell me when I can drive or not.

____ Other: _____

PART 2

PLEASE ANSWER THE QUESTIONS BELOW ONLY IF YOU ARE ALREADY DRIVING

18) Did you ask your doctor when you could return to driving, did your doctor bring it up without your asking, or did you start driving without consulting him?

____ I asked the doctor.

____ The doctor addressed it without my asking.

____ I started driving without consulting my doctor.

19) If you did not consult your doctor when you started driving again, how did your doctor react when you stated that you started to drive? (Check all that apply.)

____ Have not told my doctor and I was never asked.

____ My doctor asked but I lied and said I was not driving yet.

____ My doctor was surprised that I was driving so soon.

____ My doctor was surprised that I didn't ask for clearance prior to driving again.

____ My doctor didn't seem to care one way or the other.

20) Did your doctor initially oppose your return to driving?

___Yes

___No

21) Did you ask several times before your doctor agreed?

___Yes

___No

22) Do you feel you had to argue or convince your doctor before he/she agreed you could return to driving?

___Yes

___No

23) Do you feel you convinced your doctor to allow you to drive earlier than your doctor would have preferred from the medical standpoint?

___Yes

___No

24) Did your doctor recommend that you retake a driving test before being allowed to drive again?

___Yes

___No

25) Did anyone in your family or close friends oppose your returning to drive at the time you did?

___Yes

___No

26) Did you apply for a handicapped parking permit?

☐ Yes

☐ No

27) If you got a handicapped parking permit, what did your doctor mark on the form?

☐ That you were unable to drive (your license was retained)

☐ That you were able to drive

28) For you to be able to return to drive, did your car require special modifications?

☐ Yes

☐ No

29) Since you started driving again, please check all that apply below:

☐ I have felt safe driving, just like I felt before my injuries.

☐ I have felt at times unsafe because of limitations from my injury or

operation.

☐ I have felt at times unsafe but I do not think it is because of any limitation

from my injury or operations.

30) Have you been in an accident of any kind since you started driving?

☐ Yes

☐ No

31) If so, please check all that apply (remember this is anonymous and your answer has no legal implications).

☐ I have been in a **minor** accident since I started driving but it was **not** related to my ability to drive since my injuries or operation.

☐ I have been in a **major** accident since I started driving but it was **not** related to my ability to drive since my injuries or operation.

____ I have been in a **minor** accident since I started driving and **it may have been** related to my ability to drive since my injuries or operation.

____ I have been in a **major** accident since I started driving and **it may have been** related to my ability to drive since my injuries or operation.

____ I have been in a **minor** accident since I started driving and **it was** related to my ability to drive since my injuries or operation.

____ I have been in a **major** accident since I started driving and **it was** related to my ability to drive since my injuries or operation.

32) Were you still undergoing physical therapy when you started to drive?

____ Yes

____ No

33) Were you still taking pain medication (narcotics) when you started to drive?

____ Yes

____ No

34) Does your doctor have a strict return to drive policy or do you think your doctor lets different patients return to drive at different times based on medical judgment?

____ My doctor has a strict policy.

____ My doctor uses medical judgment for each individual case.

35) Do you think if there is no strict policy then there is a possibility that a physician could discriminate against some patients, such as the elderly, when it comes to allowing them to drive?

____ Yes

____ No

36) Do you think physicians are worried about any legal liability if you were to get in an accident after they clear you to drive?

___ Yes

___ No

37) Would you approve or disapprove of a strict policy that recommends a new driving test before you return to drive **if you had particularly serious injuries?**

___ Would approve

___ Would disapprove

38) Would you approve or disapprove of a strict policy that recommends a new driving test before you return to drive **if you had *any* injury?**

___ Would approve

___ Would disapprove

39) Would you approve or disapprove of a strict policy that recommends a new driving test before you return to drive **if you had a hip fracture or other serious injury and you are over 65 years old?**

___ Would approve

___ Would disapprove

40) How old are you?

___ less than 16 years old

___ 16 to 25 years old

___ 25 to 45 years old

___ 45 to 65 years old

___ 65 to 85 years old

_____ over 85 years old

THANK YOU FOR YOUR TIME AND ANSWERS !!

Please add any additional comments you may have in the section below:

[illegible]

Return to Driving Questionnaire

Thank you for taking the time to fill this out. We are trying to establish a policy for patients to return to driving after orthopaedic injuries.

1. When do you tell patients they can return to driving after the following injuries:

	Right Side	Left Side
Ankle Fracture: Operatively fixed	_____	_____ weeks
Cast treatment	_____	_____ weeks
Pilon fracture	_____	_____ weeks
Tibial plateau fracture	_____	_____ weeks
Tibia shaft fracture	_____	_____ weeks
Hip fracture	_____	_____ weeks
Wrist fracture	_____	_____ weeks
Elbow fracture	_____	_____ weeks
Shoulder fracture	_____	_____ weeks

2. How do you determine if a patient can return to driving?

_____ Tell them they need to take a road test through the DMV

_____ Tell them to be cleared by PT

_____ Tell them to practice in a parking lot until they feel

comfortable

_____ Other: please explain:

3. Have you ever felt uneasy about telling a patient they can return to driving: _____ Yes _____ No

Please elaborate if possible:

4. Who do you think should determine when patients return to driving?

5. Have you ever been nervous about being sued if a patient has an accident after you said he or she could return to driving?

6. Do you or your group have a return to driving policy that you currently follow? Please elaborate if possible.

7. Are you aware of any cases in your community of lawsuits directly or indirectly related to a patient's return to driving after an injury? Please elaborate if possible.

THANK YOU