

# BIOS Orthoptic Stroke/Neuro-rehabilitation Driving Pathway

**NB:** This pathway is only relevant for Group 1 drivers – car and motorcycle



**BIOS** | BRITISH AND IRISH  
ORTHOPTIC SOCIETY

**Minimum of 1-month driving cessation**  
(longer if neurosurgery needed or other residual effects of stroke)

## Reduced visual acuity

Ensure up to date refraction and prescription.

If unable to improve acuity with refractive correction to at least 0.3 LogMAR (6/12 Snellen) with both eyes open, advise patient driving is not permitted. Patient must inform DVLA.

Letter to GP and patient required.

## Nystagmus

Presence of nystagmus does not prevent driving, as long as visual acuity requirements for driving are met (see reduced visual acuity).

Any associated condition should be declared to the DVLA, it is not necessary to declare nystagmus specifically.

Letter to GP and patient required.

## Diplopia

If diplopia persists after 1 month, inform patient driving is not permitted, even if corrected with a prism or only in one position of gaze. Patient must inform DVLA. Following consideration, DVLA may allow driving to recommence. For example, if fresnel prisms are worn an adaptation period is required.

If occlusion or sector occlusion is worn, adaption is required and visual field requirement must be met with occlusion in place.

Letter to GP and patient required.

**Exceptional cases** – driving may be considered with uncorrected diplopia after 6 months if adaptation has taken place.

## Visual field defect

If visual field defect persists after 1 month, inform patient driving is not permitted.

If visual field defect persists after 3 months, inform patient driving is not permitted. Patient should inform DVLA and allow them to revoke the licence (voluntary surrender of licence may delay process of exceptional cases application).

Letter to GP and patient required at each stage.

**Exceptional cases** – driving may be permitted with non-progressive field defect present for 12 months if sufficient adaptation has taken place. Evidence of function adaption is required e.g. return to work/hobbies (see template letter).

At 12 months, if the patient wants to reapply via the exceptional cases rule and you deem the patient to have adapted sufficiently to undertake the driving assessment, send a letter to the DVLA enclosing visual field reports with patient permission.

Note: DVLA need to issue a provisional disability assessment licence before the assessment, therefore direct referral for assessment is not permitted.

## Visual perception problem

If visual perception altered or defect suspected, refer to occupational therapy (OT) for cognitive driving assessment.

Advise patient driving is not permitted.

Letter to GP required.

Alternatively, refer to local driving assessment centre following discussion with OT.

This pathway is based on DVLA assessing fitness to drive guide for medical professionals and NDLS medical fitness to drive guidelines, for more details see: [www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals](http://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals) or [www.ndls.ie/images/PDF\\_Documents/Slainte\\_agus\\_Tiomaint\\_Medical\\_Fitness\\_to\\_Drive\\_Guidelines.pdf](http://www.ndls.ie/images/PDF_Documents/Slainte_agus_Tiomaint_Medical_Fitness_to_Drive_Guidelines.pdf)