

Orthopaedic Connection

“Doc, When Can I Drive?”

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Transforming patient information into patient understanding.

When *frequently asked questions* are considered this has to be near if not at the top of the list. “Doc, when can I drive?” is a question I know is coming, but I squirm each time it is asked.

Why? It seems like a simple enough question. The dilemma is there is no exact answer. And invariably there is a spouse or typically two daughters of an older patient who are all ears “hanging” on my answer.

The Problem

There are few guidelines and they vary significantly to assist Orthopaedic Surgeons about driving after the orthopaedic surgery procedure that I have recently done.

The surgical procedures that I do are many. They affect upper and lower extremities. If the procedure was all I had to consider it would be much easier to answer, “Doc, when can I drive?”

Other Factors

- Post surgery pain
- Pain medication that was prescribed
- Immobilization I have place on the part of the body
- Joint stiffness and strength before surgery
- Other medical problems that the patient has (medically termed comorbidities)
- Weight bearing restriction I have placed
- Type of cast, splint, sling, brace I have prescribed
- Type of vehicle to be used
- Vision
- Age
- Neuropathy that many patients have

I can hear many of you saying, “Gee I didn’t know it was so complicated.”

Upper Extremity Immobilization

Let’s start at the top and consider the upper extremity first.

Casts

2/3 of our patients try to drive with a cast on their upper extremity. An above elbow cast impairs driving ability significantly in everyone as you would expect. Many studies have proven this. Nevertheless patients still do it.

There are different kinds of below elbow casts. The casts that immobilize the thumb cause significant impairment. Being able to use the thumb and all fingers causes less impairment.

Slings

Immobilization of the dominant arm in a sling in driving studies has showed poor driver performance in evading crashes under hazardous conditions.

Under normal circumstances drivers performed much better. Of course, no one can predict when a hazard will occur. Therefore if you drive in a sling you are betting no hazard will confront you. Good luck.

Lower Extremity

Well, now it gets even more complicated or as in Alice in Wonderland “curiouser and curiouser”.

There is much to cover in the lower extremity part which I can’t cover this week. I do want to mention arthroscopic knee surgery though before I close because it is such a common procedure.

Arthroscopic Surgery

Many studies have been done comparing normal control people and those who have had right knee arthroscopic surgery. Assuming a vehicle with automatic transmission.

- Braking time definitely longer in first 1 -2 weeks for all arthroscopy. *Probably* safe after 2 weeks.
- Even longer impairment in ACL surgery
- Probably safe in 4 – 6 weeks after ACL Reconstruction
- Even left sided knee arthroscopy and ACL reconstruction impair performance for about half as long as right side.

Next week tune in again for lower extremity and driving. It will get even more interesting!

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Please check it out. Be well.

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