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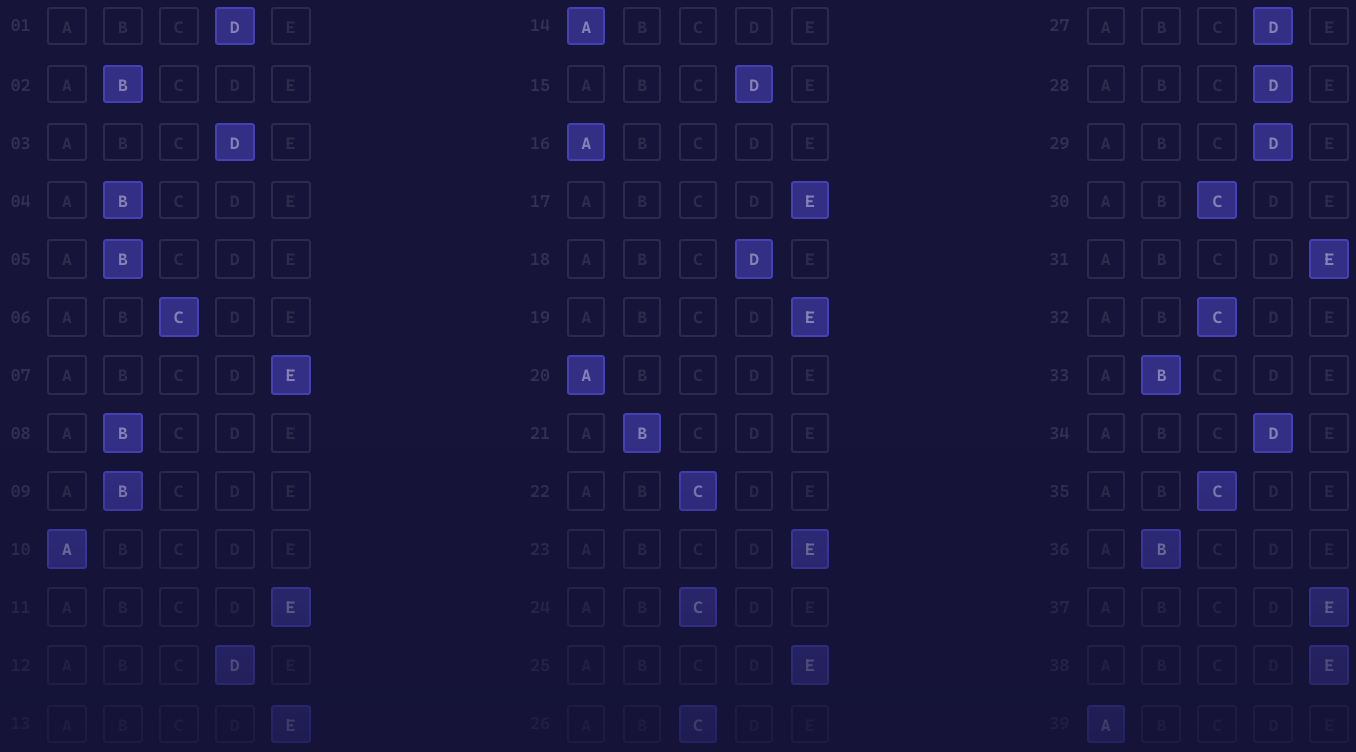

PRACTICE QUESTIONS

Association for Driver Rehabilitation Specialists (ADED)

KGNRTTVD

Driver Rehabilitation Specialist Certification Examination

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Association for Driver Rehabilitation Specialists (ADED) `KGNRTTVD`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `KGNRTTVD`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 SINGLE CHOICE

During the pre-driving assessment, a Driver Rehabilitation Specialist (DRS) primarily evaluates which combination of factors to determine a client's fitness to drive?

A **Vision, cognition, motor function, and reaction time**

B Vehicle insurance status, license class, registration, and fuel type

C Driving history only, with no clinical screening required

D Only visual acuity, since it is the sole legal vision requirement

ANSWER **A**

WHY ADED's Best Practices define the pre-driving assessment as a clinical/functional screening that addresses vision (acuity, contrast, fields, oculomotor skills), cognition (attention, memory, executive function, processing speed), motor function (range of motion, strength, coordination, sensation), and reaction time — together forming the basis for the behind-the-wheel evaluation. Options B, C, and D mischaracterize the scope of the screening.

QUESTION 2 SINGLE CHOICE

Which behind-the-wheel evaluation format is recommended for a client whose clinical screening identifies mild cognitive deficits but no motor impairments, in order to best capture real-world driving performance?

A **An on-road evaluation in traffic using a vehicle with dual controls**

B A closed-course evaluation conducted entirely in a parking lot

C A written knowledge test followed by a simulator session

D A ride-along as a passenger with the client's spouse driving

ANSWER **A**

WHY ADED best practice recommends an on-road, in-traffic evaluation using a vehicle equipped with dual controls for safety, since this is the only method that captures interactive driving performance under realistic conditions. Closed-course-only testing (B) fails to expose cognitive demands of traffic; a written test/simulator (C) is not a substitute for on-road assessment; and a passenger ride-along (D) does not allow the specialist to assess the client's own driving performance.

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QUESTION 3 SINGLE CHOICE

A client with limited right-arm range of motion needs to operate the gear selector, turn signals, and wipers. Which adaptive equipment solution is most appropriate for combined operation of secondary vehicle controls?

A A tri-pin steering device replacing the factory steering wheel

B A remote control box mounted on the steering wheel that consolidates gear selection, wipers, and turn signals into a single push-button interface

C Lowered floor plates to lower seat position and reduce reach distance

D An extended sun visor only

ANSWER B

WHY ADED training addresses secondary control consoles — push-button electronic controls that consolidate gear selection, turn signals, wipers, and other secondary functions into a single hand-operated interface, often via a remote control box mounted on the steering wheel. A tri-pin device (A) is a primary control steering aid. Lowered floor plates (C) address seating/transfer, not secondary control access. An extended visor (D) addresses vision, not control access.

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QUESTION 4 SINGLE CHOICE

When developing a driver rehabilitation training plan, the DRS should base instructional sequencing primarily on:

A The chronological order in which the client learned to drive originally

B **A task analysis that progresses from foundational, low-risk skills to higher-risk, integrative driving tasks**

C Random practice of all maneuvers in non-hierarchical order

D The order of topics in the client's home state's driver handbook

ANSWER **B**

WHY ADED best practices instruct the DRS to build training plans from a hierarchical task analysis that begins with low-risk, foundational skills (e.g., seat/ mirror adjustment, basic steering) and progresses to higher-risk integrative tasks (e.g., merging, complex intersections, adverse conditions). The other options do not reflect evidence-based instructional design for driver rehabilitation.

QUESTION 5 SINGLE CHOICE

Which tool is used by Driver Rehabilitation Specialists to objectively quantify a client's visual scanning behavior during a behind-the-wheel evaluation?

A Snellen chart at the standard testing distance

B Dynamic visual acuity testing on a contrast sensitivity chart

C **Behind-the-wheel observation of head/eye check documentation against a standardized scoring rubric**

D Audiometric screening at 40 dB

ANSWER **C**

WHY Cognitive/perceptual and behavioral skills such as scanning are assessed using standardized behind-the-wheel scoring rubrics (for example, ADED-aligned on-road evaluation forms) in which the DRS records head/eye checks at defined events against an objective scale. Snellen testing (A), dynamic visual acuity (B), and audiometric screening (D) are appropriate clinical tools, but they measure sensory thresholds — not the actual scanning behavior used in traffic.

QUESTION 6 SINGLE CHOICE

When a client's license is restricted by the licensing authority — for example, limited to daytime driving only — the DRS's role with respect to that restriction is to:

A Recommend removal of the restriction once the client requests it

B Ignore the restriction because the DRS's clinical opinion supersedes it

C Train the client within the restriction and, if appropriate, recommend reassessment according to ADED and state procedures

D Report the client to law enforcement for non-compliance

ANSWER C

WHY ADED best practices identify the DRS as working within the licensing authority's framework: respecting imposed restrictions, training the client in compliance with those restrictions, and when warranted, providing objective reassessment data through proper channels so the authority can consider lifting or modifying the restriction. The DRS does not unilaterally remove (A) or override (B) license restrictions, and has no enforcement role (D).

QUESTION 7 MULTIPLE CHOICE

When a behind-the-wheel evaluation indicates that a client is unsafe to drive regardless of adaptive equipment, which of the following should the DRS provide? (Choose two.)

A Counseling on permanent cessation of driving and exploration of alternative transportation

B Passenger and pedestrian safety training to support mobility as a non-driver

C Continued on-road behind-the-wheel training to attempt to remediate unsafe behaviors

D Training on commercial Class 8 tractor-trailer operation as an alternative

ANSWER A · B

WHY When driving is not indicated, ADED best practice guides the DRS to support community mobility: counseling on driving cessation (A) and providing passenger/pedestrian safety training, paratransit guidance, and other alternative transportation options (B). Continuing behind-the-wheel training of an unsafe driver (C) is contraindicated, and commercial tractor-trailer training (D) is outside the DRS scope and inappropriate as an alternative for an unsafe client.

QUESTION 8 SINGLE CHOICE

For a client with hemispatial neglect following a right-hemisphere stroke, which evaluation/modification combination best protects safety during initial on-road assessment?

A Conduct the evaluation in a familiar neighborhood only and skip left-side maneuvers

B Restrict the evaluation to a closed parking lot and skip on-road portions

C Use an on-road in-traffic evaluation with the evaluator positioned to cue left-side scanning, with a left-side gas pedal/right-side brake configuration if the client has motor deficits

D Have the client use only their left hand for the steering wheel

ANSWER C

WHY Hemispatial neglect requires assessment in realistic traffic so that left-side scanning deficits can be observed; the evaluator, seated in a dual-control vehicle on the left, can provide verbal and physical cues to promote left-side scanning. Where motor deficits coexist, a left-sided accelerator and right-sided brake may be appropriate. Skipping left-side maneuvers (A) or restricting to a parking lot (B) under-detects the deficit; restricting steering to one hand (D) does not address the core perceptual issue.

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QUESTION 9 SINGLE CHOICE

A client uses a wheelchair and requires entry via a side-entry lowered-floor minivan with a manual wheelchair securement system. The DRS is responsible for ensuring that:

A The client can independently drive the van before securing the wheelchair

B Only the wheelchair securement is trained, with no transfer training needed

C **Wheelchair securement, occupant restraint, transfer technique, and equipment maintenance are each trained and documented**

D The DRS modifies the wheelchair itself to fit the tie-down

ANSWER C

WHY ADED's scope for wheelchair-using drivers and passengers includes training and documentation on wheelchair securement (tie-downs/docking systems), proper use of occupant restraints, safe transfer technique in/out of the equipment, and routine inspection/maintenance of the equipment. Each of these is a distinct training element (C). Option A misstates the sequence; B omits transfer, seatbelt, and maintenance training; D is outside the DRS scope.

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