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The contribution of the useful field of view (UFOV procedure) to allow brain-damaged patients to drive again

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Introduction/Background Visual field disorders, frequently observed in brain-damaged patients, are associated with an adverse prognosis in outcome activities as car driving. In France, a prefectorial order contraindicates driving if the visual field is inferior to 120° on the meridian axis, inferior to 20° on a vertical axis and with defects in a 20° radius from the center. Our aim was to study patients' abilities to distribute their visual attention in space, in case of visual field disorders.

Material and method Thirty-eight patients with a hemianopia and 49 with a visual defect in the central 20 degrees performed a Useful Field Of View procedure (UFOV). This computer-based assessment contains three attentional tasks: a processing speed task to detect a target in central vision, a divided attention task involving to detect simultaneously a central and a peripheral target, a selective attention task consisting in detection of a central and a peripheral target in attendance of visual distractors. Brain-damaged patient performance was compared to cut-off scores elaborated in a previous study with healthy neurological volunteers (Marks et al., 2015).

Results Only one patient with hemianopia reached normal performance in UFOV tasks. All others patients with hemianopia could not distribute their visual attention in the amputee visual field. However, ten patients among the 49 with a visual defect in the central 20 degrees reached normal performance in UFOV tasks, proving their normal abilities to distribute visual attention in space despite the visual field disorder.

Conclusion When the visual field disorder concerns the central 20 degrees, some patients could balance out it using their visual attentional abilities and maybe in these cases, a driving simulator try and/or an "on-road" try could be proposed before to examine the driving restriction.

Keywords Driving; Visual field disorders; UFOV
Disclosure of interest The authors declare that they have no competing interest.

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Adequacy of care management of patients with polyhandicap: The features of the French healthcare system

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Introduction/Background The aims of this study were:

–to describe the health profiles and care management of polyhandicapped patients according to 3 modalities specialized rehabilitation centers (SRC), residential facilities (RF), and home care (HC);

–to estimate the adequacy of care management of these patients.

Material and method This was an 18-month cross-sectional study including patients with a combination of severe motor deficiency and profound intellectual impairment. The patients were from 4 SRC, 9 RF, and a pediatric/neurologic department (HC). The following data were collected: sociodemographics, health status, care management, and adequacy of care management.

Results A total of 875 patients were included: 410 (47%) were cared for in SRC, 372 (43%) in RF, and 84 (10%) in HC. Global objective adequacy (health severity and age category) was higher for patients cared for in SRC compared with patients cared for in RF (57 vs. 44%, $P \leq 10^{-3}$). Global subjective adequacy (self-perception of the referring physician and request of change in structure) was higher for patients cared for in SRC (98%) in comparison with patients cared for in RF and HC (92 and 87%).

Conclusion This study provides key elements of adequacy of care management modalities for polyhandicapped patients in France.

Keywords Polyhandicap; Care management; Specialized reeducation centre
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