

# AMAS®

## Aviation Medicine Advisory Service

FAA Medical Expertise -- Our Physicians...Your Solution!

### Quarterly Aeromedical Newsletter

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Please address all correspondence to:

9800 S. Meridian Blvd.  
Suite 125  
Englewood, CO 80112

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### FAA Aeromedical Policy Update



**FAA Policy & Personnel Update - CACI Update** – In our last issue, we discussed the FAA's new program giving AME's more authority to clear certain medical conditions. The program is often referred to as the "CACI program" which is short for Conditions that AMEs can issue. More recently the FAA clarified that for 1<sup>st</sup> and 2<sup>nd</sup> class medicals, clinical updates are only due annually to the AME. For 3<sup>rd</sup>, the clinical updates only have to be submitted at the time of the next medical or every 5 years if under 40 years old and every 2 years if 40 or older.

**Asthma Changes** – The FAA recently clarified that pulmonary function testing or PFTs are no longer required for mild asthma with occasional use of a bronchodilator inhaler not more than 1-2 times per week.

**Metformin CACI** – A recent AME Guide update clarifies that metformin, an oral blood sugar lowering medication, can now be used for Polycystic Ovary Syndrome without need for Special Issuance or waiver. The use will be followed under the "pre-diabetes CACI". Our offices have seen a great deal of AME confusion, and our physicians would be happy to discuss these programs with you further.

**Head Injury Policy Change** – Previously FAA guidance to AMEs allowed for issuance of a medical certificate for "mild" head injuries such as a few minutes of loss of consciousness (LOC) without any subsequent deficits. However, new policy now requires FAA review for any LOC and in most cases will require at least a six month observation before medical clearance. There are other changes as well, and airmen with head injuries and any LOC should contact the aeromedical office immediately.

**Genitourinary (GU) Malignancy Updates** – GU cancers are no longer considered disqualifying after five years if there has been no metastasis or recurrence. Please refer to our prior newsletter for more information on the CACI program for prostate, testicular, and renal cancers as well.

[www.AviationMedicine.com](http://www.AviationMedicine.com)

## President's Corner / Wellness Article



### **Risk Control – Good for Health, Good for Certification** **Quay Snyder, MD, MSPH**

The FAA regularly certifies pilots with heart disease after demonstrating adequate treatment and control. Recently, the waiting periods after cardiac procedures such as angioplasties and stent placements before applying for reinstatement of medical certification has been shortened in most cases from six to three months. Along with this liberalization is an increased scrutiny of a pilot's risk factors for progressive cardiovascular disease (hypertension, heart attacks, strokes, erectile dysfunction, peripheral artery disease, etc). Pilots with poor risk factor control are less likely to obtain FAA certification.

Modifiable cardiovascular risk factors include blood pressure, smoking, diabetes, obesity and cholesterol. Lifestyle choices play a significant role in each of these factors. Other than quitting smoking, the others are greatly affected by dietary choices and exercise. Medications can be used to augment lifestyle choices and most, but not all, medications to control these conditions are allowed by the FAA. Please see our web site [www.Aviationmedicine.com](http://www.Aviationmedicine.com) for information on medications for each of these conditions and FAA policy.

Prevention of disease is the best option for health and longevity as well as protecting medical certification. Following a few simple guidelines is desirable for those trying to prevent disease and mandatory for those with disease wanting to hold a medical certificate.

#### **Diet**

- Limit calories to approximately 2000/day +/- 500 for weight control
- Reduce cholesterol intake, particularly saturated and trans-fatty acids found in food from animals and processed foods
- Limit intake of simple carbohydrates (sugars, candy, soda, alcohol). Complex carbohydrates are OK
- Increase fiber consumption (soluble and insoluble) and water intake

#### **Physical Activity**

- Do at least 30 minutes of activity daily even if it is just walking 10 minutes at a time
- 75+ minutes vigorous (heart rate 100-125) a week helps cholesterol, weight, blood pressure
- Stretching and resistance training help with muscle mass, flexibility and joints

For those pilots who have trouble controlling their blood sugar, blood pressure or cholesterol and triglyceride levels with dietary changes, the FAA allows most combinations of medications to bring those factors into lower cardiac risk ranges. Ideally fasting blood sugar (glucose) should be under 100 mg/dl. Oral agents to improve blood glucose control are allowed although some of the oral hypoglycemic agents (one class of diabetes medications) are not authorized when used with a beta blocker for blood pressure control. For pilots not on oral hypoglycemic agents, nearly all blood pressure medications are allowed.

For pilots with elevated cholesterol levels, particularly LDL (bad) cholesterol, the FAA cardiac panel carefully considers the degree of control in the certification decision. Ideally the LDL cholesterol should be under 70 mg/dl for those with known heart disease and at least under 100 mg/dl. The HDL (good) cholesterol should be over 40 mg/dl for men and 50 mg/dl for women. Triglycerides ideally should be under 100 mg/dl. For those who need medications for cholesterol control to lower cardiac risk factors, the FAA allows all FDA approved cholesterol lowering agents. Pilots should consult with their physicians regarding the best combination of medications to reduce risk of heart disease.

Follow these guidelines for your personal wellbeing and to preserve your FAA medical certification.

## FAA Medication Update

**Dextromethorphan** is a ubiquitous cough suppressant ingredient in a number of over the counter cold remedies. Most persons tolerate this medication without ill effects, but there is a risk for drowsiness and dizziness. At high dosages and when abused, it can also result in hallucinations. As a result the FAA does not allow performance of aviation duties while taking this medication. The Therapeutic Drug Guidelines for ATCS will be modified in the future to reflect this clarification. Airmen and controllers need to be off this medication for at least 12 hours before return to aviation duty as long as the underlying condition is well controlled.

## FAA Rulemaking News

Previous announcements **PL 111-216**, the Airline Safety and FAA Extension Act of 2010 addressed requirements for flying hours to hold an ATP certificate, Part 121 first officers to hold an ATP, and for first officers to hold a first class medical certificate. The final rule deleted the requirement for domestically operating first officers to hold a first class medical certificate. They can continue to operate with a 2<sup>nd</sup> class medical certificate as has been the status quo.

## Airmen & Controllers - "Ask the Doc"



**Question:** I was recently hospitalized. Am I medically disqualified from flight or ATCs duties?

**Answer:** Not necessarily. A history of hospitalization does not disqualify you from such duty, however, the medical condition that resulted in that hospitalization may affect your aviation status. For controllers any change in medical condition typically requires clearance from the Regional Flight Surgeon before return to duty. For airmen the FAA requires that the personal physician be consulted to assist in determining if the underlying condition might affect ability to safely perform aircrew duties (see FAR 61.53). The airman would also be expected to consult resources available such as their AME or Aerospace Medical Specialists such as those in our office. Each case varies greatly. We suggest you contact our office for guidance concerning FAA reporting of a recent hospitalization.

**Question:** What is a medical flight test (MFT) and when does the FAA require one?

**Answer:** Many times after recovering from a medical condition (injuries to extremities, back injuries, etc) or when one no longer meets medical standards (vision, hearing, etc.) prior to return to flight duty the FAA will need to evaluate an individual's performance in the cockpit. This process is to assure the FAA that the medical condition is not a safety of flight issue. The individual's aviation medical examiner (AME) may request a medical flight test (MFT) be given. After receiving the new application for medical certification and the request for a MFT, the FAA will arrange for the evaluation to be given at one of the FAA's Flight Standards District Offices (FSDO's). Once an airman is evaluated in order to determine the medical condition is not cause for concern, the evaluator will issue the medical certificate. This process will vary depending on the evaluator and the medical condition. Occasionally for commercial airmen it's possible to perform the MFT in the company simulator. Because of the number of individuals involved and need for preauthorization to take the MFT, the process can become unnecessarily complicated. We recommend that you discuss the need for MFT with one of the AMAS physicians.

## Upcoming Events

**Bombardier's Safety Standdown, September 2013 - Wichita, KS.** Dr. Snyder will be hosting a workshop at Bombardier's Safety Standdown September 30 – October 3 in Wichita. The interactive forum will address the full spectrum of FAA medical certification policies with case studies and substantial time for question and answers. Pilots interested in attending should register at [www.safetystanddown.com](http://www.safetystanddown.com). The seminar is free to all registered attendees.

**EAA AirVenture OshKosh with Gary Kay, Phd** - Pilots with a variety of neurological and psychological conditions are required by the FAA to undergo cognitive function screening as part of an evaluation for eligibility for medical certification. The screening test most commonly used by the FAA that is specific to pilots, who generally have higher intellectual functioning than the general population, is the CogScreen – Aeromedical Edition. AMAS also uses this tool as part of its Fitness for Duty Evaluations and great success in improved testing results and performance in pilots previously not performing to acceptable safety standards. This tool has been standardized using thousands of professional and military pilots ranging in age from their 20's to age 60. Data for older pilots is less comprehensive. To improve the CogScreen, its inventor is seeking to obtain data on all general aviation pilots and commercial pilots over age 60. The test is being given for free and anonymously to pilots at EAA AirVenture Oshkosh this year. No individual identifying data is collected or released and prizes are given to the three pilots scoring highest on the tests. If you are interested in participating at NO RISK and are attending Oshkosh this year, please see the attached flyer for contact information.

## AMAS News

**AsMA, May 2013 - Chicago, IL.** The AMAS physicians attended the annual scientific meeting for the Aerospace Medicine Association in Chicago May 13-16. Aerospace medicine physicians from the FAA, the military, NASA and over 40 countries shared updates on evolving technology and aircrew standards with over 500 presentations. The physicians also attending the scientific meetings of the international Airline Medical Directors Association and the Civil Aviation Medicine Association (AME's) during the weekend before the meeting.

**ALPA, May 2013 - Herndon, VA.** The Air Line Pilots Association (ALPA) held a seminar in Herndon, VA for 130 Pilot Assistance volunteers who assist other pilots with health and psychological issues, substance abuse, professional standards, critical incident response programs and Canadian pilot health. Dr. Snyder gave two presentations at the three day seminar. The first presentation was on aeromedical services available for professional pilots and FAA medical certification policy updates. His second presentation, given jointly with Dr. Fred Tilton, Federal Air Surgeon, and Dr. Mike Berry, Manager of the FAA's Medical Specialties Division, focused on evolving technologies and allowed nearly 90 minutes of questions and answer with the attendees.

**NBAA's Regional Forum, July 2013 - Centennial, CO.** Dr. Snyder spoke at the NBAA's Regional Forum at Denver's Centennial Airport (APA) in July on FAA Medical Certification Tips and Traps. He and Doug Carr, NBAA's Vice President for Safety, Security, Operations and regulations, also highlighted the efforts and active projects of the NBAA's Safety Committee with a Top Ten list of priorities for the upcoming year. Dr. Snyder has been a member of the NBAA Safety Committee since 2004.

**AMAS Congratulates Shane Clyde** - We are pleased to announce that Shane Clyde, Medical Records Technician for AMAS, recently graduated Summa Cum Laude with a Bachelor of Science degree in Biology from the University of Colorado. He also received departmental honors. Congratulations Shane!



## Spotlight: Your AMAS Staff



**Quay with Paul, Steve and Stewart.**

### **Giving Back Quay Snyder, MD, MSPH**

Those of us in the aviation career field have many unique opportunities that others have only dreamed of or can't even imagine for themselves. Many have the opportunity to share the beauty and thrill of flight. Several recent experiences have allowed me to see firsthand what a powerful impact we can make on people's lives who may not be as fortunate as us.

Craig Hospital is a world-renowned brain and spinal cord injury facility that addresses not only the physical injuries of its population, but the mental, emotional and lifestyle challenges facing those who have "recovered" enough to leave the hospital. The Black Forest Soaring Society (BFSS) recently arranged for Craig Hospital to bring a team of caregivers and loved ones to assist three "graduates" in experiencing the joys of flight in a glider. Two suffered injuries that left them as paraplegic and one has spinal cord injuries that left him with only some shoulder function. All wanted to fly. With the skillful assistance of Craig staff, we were able to brief them on all safety aspects, get them into the front seat of an ASK-21 and let each experience an hour of flight along the Front Range of the Rocky Mountains. I had the tremendous privilege of flying with each of them as the PIC.

The flights varied according to each "pilot's" desires. One enjoyed a leisurely sightseeing trip over the mountains while a second excelled during an hour of flight instruction with me operating the rudders. Stewart had minimal arm function, but wanted to do all maneuvers that were legal without a parachute. We did so repeatedly to his shouts of happiness and laughter. His comments moved me to tears as he talked about being confined to a wheelchair for 30 years and never dreaming of being weightless, experiencing significant G-forces or flying formation with a hawk at 10,000' MSL, only confined to a wheelchair with a joystick for his lifetime. As the second best day of his life and the second time he ever had so much joy after so many years of despair, he could not stop laughing and crying joyfully telling his wife (best day of his life was his wedding) how free he was for just an hour, but like she gave him, the flight gave his life hope.

Locally, BFSS is giving flight instruction to Wounded Warriors in pursuit of pilot ratings, young school kids to motivate them to succeed in school and will work with Craig Hospital to have more experience the thrills of flight. Several organizations help potential pilots realize their dreams such as International Wheelchair Aviators. Many organizations help in other ways, either with charitable giving, providing free transportation for medical appointments and reuniting injured service men with their families. A few examples include Corporate Angel Network, Angel Flight and Veterans Airlift Command. Aviation organizations we are associated with including ALPA International, the NBAA, the Flight Safety Foundation and NATCA fund scholarships. The FAA allows Statements of Demonstrated Ability (SODA's) for pilots with physical handicaps to fly and earn all ratings as do some international authorities. All of these groups highlight the aviation community's generosity and caring for others in need.

We are the lucky ones in so many ways. I encourage all who can, to become involved FIRST HAND providing flight instruction, transporting medically and financially challenged individuals and just sharing the thrill of flight with those whose lives are filled with shattered dreams.

The difference you make will change lives forever giving hope, joy and freedom to those whose everyday lives have challenges we cannot imagine. The rewards you experience are unimaginable. Please consider giving back and sharing our beautiful profession.

## FAA Resources

Video on FAA TV - <https://medxpress.faa.gov>

Pilot Brochure - <http://www.faa.gov/pilots/safety/pilotsafetybrochures/media/medxpress.pdf>

Users Guide - <https://medxpress.faa.gov/medxpress/Guides/MedXPressUsersGuide.pdf>

24/7 MedXPress Helpline 1-877-287-673



### AMAS Welcomes our New Clients

Duke Energy - May 2013

### AMAS Welcomes our Renewal Clients

AirFlite - April 2013

Vulcan Materials - April 2013

## Your AMAS Newsletter

Our services are provided to you as a benefit from your company flight department or a membership benefit from your union or aviation association. AMAS stands ready as the only board certified Aerospace medicine physician group available to provide you the assistance you need. Our physicians are always a telephone call or email click away. We can respond to your medical questions and provide advice on any potential impact on your FAA Airman's Medical Certificate for medical conditions you might develop. All client discussions with our staff members are completely confidential and risk free. AMAS is proud to be your one source for Aeromedical advice and FAA medical certification waiver assistance! If you have questions or concerns about customer service, please contact our Director of Operations, Wendy Clauson, at [wclauson@aviationmedicine.com](mailto:wclauson@aviationmedicine.com).

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