

Quarterly Aeromedical Newsletter

1st Quarter 2013

Volume 12 Issue 1

1-866-AEROMED

Please address all correspondence to:

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

In This Issue:

FAA Aeromedical	1
AMAS News	2
Medication Update	3
Airman & Controller "Ask the Doc"	4
President's Corner	4
AMAS Spotlight	5

FAA Aeromedical Policy Update

FAA Policy & Personnel Update - AMAS welcomes Dr. Joy Holmes who recently joined the Great Lakes Regional Flight Surgeon Office. Previously Dr. Holmes worked for American Airlines medical department.

Heart Updates - The FAA's Aeromedical Certification Division (AMCD) convened a panel of experts in January 2013 to review existing cardiac policy. While the results of the Panel have not been fully released, some refinements in policy have been welcomed by airmen. See the President's corner for more details.

EKG Instruction - EKG issues remain one of the more common "errors" that occur during the first class FAA physical. Many times an experienced AME can clarify EKG issues before FAA submission avoiding need for further evaluation. The FAA recently posted an informational video by Dr. William Fors who is the Cardiologist who primarily interprets EKGs for the FAA. The video has useful information for AMEs who want to ensure their airman are not unnecessarily grounded and can be found at <http://www.faa.gov/tv/?mediald=557> (note that you may have to click on Dr. Fors' photo for the correct video to launch).

Certification Delays - A number of factors have recently affected the FAA's ability to provide timely review of certification. In March a long planned upgrade of the FAA computer systems required shutting down their medical division while systems could be migrated to newer web based technologies. Some airmen may have noted the temporary unavailability for the systems used to renew their medical certificate in their AME's office. As with any new system, there have been a few hiccups resulting in some decreased efficiencies, but eventually the transition should benefit airmen in the long run. Additionally the effects of sequestration with following furloughs will certainly result in even more back log. Rest assured that AMAS is committed to assisting the FAA to minimize the impact of these delays in any way possible. For most airmen with existing Special Issuances, anticipating the delay will be the key to making sure your renewals are completed before your medical expires. AMAS recommends that you call to discuss a proactive plan to renew any existing waivers in a timely fashion. (continued on page 2)

www.AviationMedicine.com

1-866-AEROMED

FAA Aeromedical Policy Update (continued from page 1)

Conditions that AMEs Can Issue (CACI) – In an effort to streamline certification, the FAA has recently announced several conditions that no longer require Special Issuance and the AME has the authority to clear. There are specific requirements for each, but the initial list includes:

Asthma	Hypothyroidism
Arthritis	Hepatitis C
Renal Carcinoma	Glaucoma
Testicular Carcinoma	Pre-Diabetes
Prostate Cancer	Headaches
Blood pressure	

As with any new programmatic change, we anticipate there to be some confusion as guidance is formalized and AMEs are updated. If you have questions about the CACI program, our physicians welcome your call.

AMAS News

NBAA International Operators Conference, March 2013 - San Diego, CA. Dr. Quay Snyder gave a presentation "Drugs, Sex and Rock 'N' Roll – How to Lose Your Medical Certificate." Over 500 attendees received updates on safety and security threats with international business aviation operations.

Delta Air Lines Pilot Assistance Network, February 2013 - Atlanta, GA. held a two day seminar with union volunteers, senior management officials, EAP and health personnel implementing programs designed to aid pilots in need with mental and physical health concerns. Dr. Snyder participated both in the planning phases and spoke at the two day seminar.

Gulfstream Aerospace Corporation, January 2013 - Savannah, GA. held a safety stand down day for its test and demonstration pilots on 8 January 2013. Dr. Snyder spoke on FAA medical certification policies and assessing pilot fitness for flight.

ALPA Leadership Conference, January 2013 - Herndon, VA. Dr. Snyder was a speaker in January 2013 familiarizing newly elected union leaders from many airlines about the services provided to the union and individual pilots by Aviation Medicine Advisory Service staff as the ALPA Aeromedical Office.

The American Board of Addiction Medicine - certified Dr. Snyder as a Diplomat in that medical specialty after taking their national examination given once every two years. He adds that certification to those in Aerospace Medicine, Occupational Medicine and Family Medicine which he holds from the American Board of Medical Specialties.

The Flight Safety Foundation/NBAA, April 2013 - Montreal held its 58th annual Business Aviation Safety Seminar. Dr. Snyder gave a presentation on "Laser Hazards in Aviation" and attended the pre-meeting FSF Business Advisory Council safety meeting as a member.

Advanced Topics HIMS Seminar, April 2013 - Herndon VA. Dr. Don Hudson, HIMS Program Manager, co-chaired a two day seminar for experienced AME's, company and peer sponsors, EAP professionals and addiction medicine psychiatrists. Dr. Snyder also participated.

Cessna Aircraft Company, April 2013 - Wichita KS. held its annual Customer Service seminar designed to give Cessna jet and aircraft owners support in operating their aircraft. Although the seminar primarily focused on maintenance and operations, Dr. Snyder gave several presentations to the Cessna owners on pilot safety and medical certification policy.

Medication Update

Mestinon (pyridostigmine) is a medication that has been used in the management of Myastenia Gravis for many years. Temporarily the FAA stopped allowing this medication, but recently it has become allowable again as long as the underlying condition is stable and followed with a Special Issuance.

Enablex (darifenacin) is a medication that reduces muscle spasms of the bladder and urinary tract. It has been allowed by the FAA in the past. This medication continues to be reviewed by the FAA, and we have seen some inconsistent certification decisions with its use recently. Currently the medication requires review by the FAA before using in the aviation environment and the airman require documentation that it does not adversely affect their EKG pattern (must not prolong QTc interval longer than 450 msec).

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

Airmen & Controllers - “Ask the Doc”



Question: “I was recently medically disqualified for flight duties with my Air National Guard unit. How will this affect my FAA medical certification?”

Answer: FAA (civil) medical qualification requirements vary **greatly** from military aviation medical requirements. Military medical flight standards tend to be more restrictive. The same is true for the military waiver policy for these medical disqualifications. You should be aware, however, that the military may inform the FAA of your change in flight status. Be sure you report your change in medical status and report condition properly to the FAA. Often military services provide review board opinions which can be very useful to documenting your condition. For assistance with this process contact our office.

Question: “I am considering applying for service connected disability and wondered how this will affect my ability to receive a FAA medical?”

Answer: This is a very good question. In fact the FAA’s most recent revision of the airman application (FAA Form 8500-8) included a new question #18y that asks if you currently receive or have ever received “medical disability benefits”. The FAA’s concern isn’t whether someone has a disability rating or not, but rather does the particular condition causing the disability pose a risk to aviation safety. A person may be rated as 100% disabled for instance by the Veteran’s Administration, but still be perfectly safe to perform aircrew or ATC duties. The key to reporting in these situations is clearly describing the condition involved and whether or not there are any resulting limitations. AMAS physicians stand ready to assist you in ensuring you have adequately documented your condition

AMAS Welcomes our New and Renewal Clients:

JC Penney, Melvin Simon & Associates, NY Power Authority and NetJets Aviation

President's Corner / Wellness Article



Important Medical Certification Developments

Quay C. Snyder, MD, MSPH

FAA medical certification is becoming easier and faster for some pilots while becoming more stringent for others. The FAA is trying to streamline the certification process, while facing potentially devastating budget and personnel cuts. These cuts would stress the medical certification process and lengthen the review time required for information submitted to support petitions for medical clearances.

The recent budget reductions have had some unfortunate effects on safety and FAA employees and contractors. Most FAA positions will face furloughs or job loss reducing air traffic control positions and facilities, administrative support and full-time availability of FAA professionals to perform their essential functions. A reduction in the travel budget will reduce or eliminate FAA physicians from participating in important safety events, conferences and educational seminars. Furloughs will reduce the availability of the Office of Aerospace Medicine staff by 10% placing an even greater burden on those involved with the aeromedical certification dealing with the switch to a web based certification system and a new IT contractor supporting that system.

Part 121 pilots flying in First Officer/Co-pilot roles are also affected by a change in Public Law 111-216 affecting minimum hiring requirements for part 121 carriers enacted in August 2010 and effective August 1, 2013. This law requires all pilot crew members to hold an ATP certificate. To exercise the privileges of an ATP certificate, the pilot must hold a valid First Class medical certificate, meaning first officers under age 40 will require annual first class medical examinations and those over age 40 continuing with examinations every 6 months. The FAA published a Notice of Proposed Rulemaking on February 29, 2012 "Pilot Certification and Qualification Requirements for Air Carrier Operations" proposing more expanded requirements for training and ratings, but not further affecting medical certification requirements.

The good news is that pilots undergoing various cardiac procedures have had the "observation period" following a procedure during which they could not hold a Special Issuance Authorization shortened from six months to three months. This applies to all classes of medical certificates and includes angioplasty, coronary stenting and arthroectomies. Procedures involving the Left Main Coronary Artery and all bypass grafting still requires a six month observation period before favorable consideration for medical certification is possible, as does cardiac valve replacement surgery. Pilots having pacemaker generator replacement without lead replacement no longer have to wait 60 days for medical clearance, but may be considered once the generator pouch is healed and functioning normally.

Another positive development on the horizon is the delegation of authority for Aviation Medical Examiners (AMEs) to issue medical certificates for common conditions that previously required review by FAA physicians before clearance. Currently, eleven medical diagnoses have protocols for testing and documentation required for the pilot to provide to the AME. If this information is favorable, the AME may issue a medical certificate and comment on the form 8500-7 submitted to the FAA Aeromedical Certification Division or the Regional Flight Surgeon. This should significantly help pilots as well as reducing the burden on FAA medical certification staffs. The new conditions include: arthritis; asthma; hypertension; pre-diabetes; hepatitis C; hypothyroidism; migraine headaches; renal cancer; glaucoma; prostate cancer and testicular cancer. Eight more conditions may be added soon including several other types of cancer, chronic GI diseases, kidney stones and carotid artery disease. We recommend retaining copies of the records and referring to the Decision Protocols available for each of these conditions. As all suffer hardships during the recent economic downturn, we will continue to do all we can to help pilots and controllers maintain their health and medical certification/qualification. As always, AMAS will work together with aviation professionals, companies and the FAA to cooperatively solve challenges facing all involved in aerospace medicine and safety.

Fly Safely, Stay Healthy!

Quay Snyder, MD

Spotlight: Your AMAS Staff

To better acquaint you with the physician and administrative team that serves you, AMAS will profile a staff member or special event each quarter. This quarter's spotlight is on our newest member, Mallory Mericle.

Mallory Mericle joined the AMAS team in April and will work as a Medical Records Technician, providing customer service and records management for our clients. She is a proud Colorado native and graduated from Arapahoe High School in Littleton in 2009. She continued her education studying Criminal Justice for a little under two years at Aims Community College in Greeley, as well as Arapahoe Community College in Littleton. She has worked in customer service for 7 years, and truly believes it is her calling in life to help people. She comes to AMAS from King Soopers & City Market, where she was a customer service representative for three years.



Mallory's Shiba Inu "Bear"

Mallory has one younger sister who is now a junior at Arapahoe High School, and also has a Shiba Inu named Bear, who is the absolute love of her life. If she's not working or playing with Bear, she likes to read, kayak, go to concerts, and visit her family's lake property in Minnesota.



Mallory and her sister Mackenzie

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.

We welcome your comments and suggestions! Our goal is to make this newsletter useful and informative for all our clients. If you have an idea for a topic you would like covered or have a comment about this newsletter or our services, please contact our Newsletter Editor, Nancy Bishop at nbishop@aviationmedicine.com.

www.AviationMedicine.com

1-866-AEROMED