

Virtual Flight Surgeons® Inc.

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Quarterly Aeromedical Newsletter

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FAA Aeromedical Certification Policy Update



New AME Assisted Special Issuances Released

Pilots and controllers may not be fully aware of the significant efforts put forth by the FAA and the Aeromedical Certification Division to reduce processing time on Special Issuances or “waivers”. As part of that effort the Federal Air Surgeon has authorized AME Assisted Special Issuance (AASI) protocols for some of the more frequently encountered medical conditions. Most recently, the FAA released the following eleven additional AASI covering some of the more commonly encountered medical problems of the heart:

- Valvuloplasty
- Atherectomy
- Brachytherapy
- Coronary Artery Disease
- Coronary Bypass Grafting
- Mechanical Valve Replacement
- Myocardial Infarction
- Percutaneous Transluminal Angioplasty
- Stent Placement
- Single Tissue Valve Replacement
- Angina Pectoris

These new protocols are similar to the twenty four already issued. However, it is important to note that these additional AASI apply only to renewal of **third class** medicals. The AASI program is designed to cut down on paperwork and potential delays in certification while the Airmen and their AME’s wait for renewal approval from the Aeromedical Certification Division.

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FAA Policy Update (Continued from Page 1)

Under the AASI an AME is allowed to grant a renewal of an already established Special Issuance or “waiver” as long as the pilot’s condition has essentially not worsened.

By and large the new AASI program should continue to streamline and improve the certification process. However, pilots should be aware of some recurring problems we have encountered. Most of these problems concern how the AME processes the AASI.

Some of the more common problem areas include:

- AMEs that do not understand the AASI process and defer medicals
- AMEs that do not submit updates to the FAA once the medical is completed (e.g. your paperwork is placed in the file drawer and never sent)
- AMEs that incorrectly assume there has been a “change” in the medical condition and therefore defer medicals to AMCD
- AMEs that do not submit complete records to the FAA as required by the protocol
- AMEs that do not thoroughly review clinical packages to ensure all the aeromedically significant questions are answered before submitting to the FAA

VFS recommends that pilots ensure they have an experienced AME or Aerospace Medicine Specialist review their materials to ensure they are complete, all relevant Aeromedical issues are addressed, and to get the submission correct the first time around. Should you get a letter requesting additional information following a recent medical, you should call for advice immediately.

Atrial Fibrillation Update – MAZE Procedure

Atrial Fibrillation (A. Fib), a condition of abnormal conduction of electrical signals in the heart, continues to be an increasingly common call to the Aeromedical Office, especially as the average pilot age increases (see our article on A. Fib at www.AviationMedicine.com). Most cases tend to resolve spontaneously or be controlled with medications. Once underlying heart problems are ruled out, we can effectively advocate to return to aviation duties.

In complicated cases, sometimes surgical intervention is required to physically disrupt the abnormal electrical conduction. A good primer on this intervention, known as a MAZE procedure, can be found at the Society of Thoracic Surgeons website (<http://www.sts.org/doc/4511>). The MAZE procedure is waiverable after a three-month observation period followed by a Holter test and maximal treadmill. Our physicians would be happy to assist with this process if needed.

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President's Corner

Quay Snyder, MD, MSPH



Salute to Dr. Jon L. Jordan, Retired Federal Air Surgeon

The FAA recently announced the retirement of Jon Jordan, MD, JD, Federal Air Surgeon since 1991, effective January 3, 2006. Dr. Jordan was Deputy Federal Air Surgeon for 12 years before assuming the senior position at the FAA's Office of Aerospace Medicine and has served in the FAA for the last 36 years.

Dr. Jordan has been a proactive supporter of aerospace medicine and an effective advocate for liberalized medical standards for pilots and air traffic controllers. Under his guidance, many medical conditions, devices and pharmaceuticals that are not authorized by other international medical certification authorities are routinely favorably considered for certification/qualification for U.S. aviation professionals. Examples include heart surgery and pacemakers, transplants, vision correction surgery, neurological diseases and a number of new medications.

Most remarkable has been Dr. Jordan's enthusiastic support for the HIMS program of alcohol and substance abuse treatment for airline pilots. This program has saved thousands of lives and careers, as well as enhancing the safety of America's commercial airline operations. As many airlines are recognizing the direct benefit to them from HIMS, international airlines are looking to emulate the FAA's hugely successful program.

As Dr. Jordan moves to a well deserved retirement, he will be missed by a very appreciative aeromedical community. The staff of VFS wishes him well and thanks him for his dedicated service, his excellent working relationship with the office and his unwavering support for airmen, air traffic control specialists and aviation safety.

Welcome to Dr. Fred Tilton, Federal Air Surgeon / Pilot

Fred Tilton, MD, MPH, has been appointed as the new Federal Air Surgeon and brings a wealth of aviation and aeromedical experience to the position. Dr. Tilton is a West Point graduate, USAF transport and F-15 pilot and a former Chief Flight Surgeon. He also served as Corporate Medical Director for Boeing Corporation prior to assuming his role as FAA Deputy Federal Air Surgeon in January 2000. Dr. Tilton is current in the Lear Jet and retains his passion for flying after 44 years as a pilot.

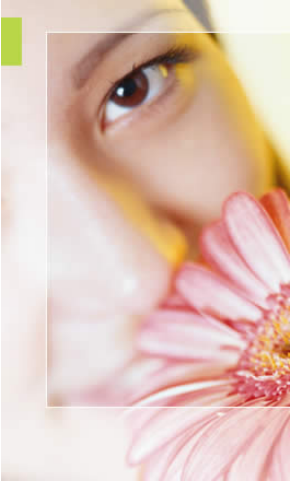
Dr. Tilton has been extremely effective in streamlining FAA aeromedical certification processes in his tenure at the FAA. Working closely with the Regional Flight Surgeon staffs and the Aeromedical Certification Division, the backlog of airman certification cases pending has been nearly eliminated. Airmen are now also receiving Special Issuance Authorizations for a six-year period for a variety of conditions that previously required annual renewal by the FAA for continued certification. The number of eligible medical conditions for the six-year AME Assisted Special Issuance has been greatly expanded.

Dr. Tilton is a results-oriented, open and effective communicator with a broad, first-hand knowledge of aviation safety and airman health issues. In the rapidly advancing fields of both aviation and medicine, many important issues facing the FAA's Office of Aerospace Medicine will garner international attention in the near future. Aircrew fatigue with ultra-long range flights, medical standards for space travel, harmonization of international aeromedical standards and potential pandemic disease spread by aircraft are only a few of the challenges facing aerospace medicine today.

With Dr. Tilton guiding his team of professionals, the FAA is well positioned to remain a world leader in the aeromedical world. VFS looks forward to the opportunity to continue working with Dr. Tilton to enhance aviation professionals' health, career longevity and improving aviation safety. Welcome!

Quay Snyder, MD

Pilot and Controller Health



Spring is just around the Corner by Phillip E. Parker, MD, MPH

Spring is just around the corner and for many, that is also a harbinger for their annual battle with seasonal allergies. In fact, some estimates show allergies affecting up to 40 million people in the United States each year. Pilots and controllers are no exception. Some will suffer seasonally while others battle their symptoms year round.

The most common problems associated with allergies include runny nose, sneezing, and itchy eyes. Some have primarily congestive symptoms including “sinus headache”. Unfortunately for those performing aviation duties, these seemingly innocuous symptoms can present some real safety risks. Attention to detail and aviation decision making can be affected by distracting symptoms.

One of the pilot physiologists with whom I used to fly suffered an allergy associated ear block on one side shortly after takeoff, resulting in a somewhat rare occurrence of alternobaric vertigo. It was somewhat consternating to say the least trying to land an F-15 when you feel like you are upside down.

Seasonal allergic rhinitis (SAR) can vary depending on geographic location and which types of foliage are in bloom in a particular region (see our complete article on allergies found at www.AviationMedicine.com for more details). This occasionally catches frequent travelers off guard. Luckily there are effective medications that will help keep symptoms in check, and still allow aviation duty. There are also some medications to avoid.

Obviously, allergen avoidance is the first line of defense. The next step is usually also preventive in nature through the use of nasal steroids which work by stabilizing the cells in the respiratory tract to prevent them from releasing histamines in response to allergen exposure. Note that this type of steroid should not be confused with anabolic steroids sometimes used illegally by body builders. Nasal steroids are typically well tolerated and acceptable for aviation duties.

There are other non-steroid nasal sprays that may be effective as well. Cromolyn and Atrovent fall into these categories and are acceptable. Others, such as Astelin, are not typically allowed because of the potential side effect profile. Nasal decongestant sprays, such as Afrin, are only allowed for emergency use in treatment of ear or sinus block (see the F-15 scenario above).

When prevention fails, most of us reach for the antihistamines and decongestants which are sold over the counter (OTC) and under prescription. Many of these can result in sedation with the notable exceptions of Claritin/Clarinx and Allegra. One common prescription drug, Zyrtec, is often thought of by physicians as non-sedating, but in fact can affect alertness and is not allowed by the FAA. A study (www.annals.org/cgi/reprint/132/5/354.pdf) showed that use of these OTC sedating antihistamines can have the same or more impairment than a blood alcohol level of 0.1% (legally intoxicated). Oral decongestants, such as Sudafed (pseudoephedrine or the newer formulations of phenylephrine), are authorized for flying and controlling as long as the underlying condition is controlled. Often antihistamines are combined with decongestants such as in Allegra-D.

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Pilot and Controller Health (Continued from Page 4)

To complete the discussion on SAR therapy, there are newer treatments becoming available that appear to be more and more popular. One such medication, Singulair, was traditionally marketed for treatment of asthma. If your physician prescribes this therapy, make sure to inform your aviation medical examiner (AME) that the treatment is only for allergies, and that you do not have asthma (if this is true) since the latter condition requires a waiver to continue flying. Immunotherapy (IT), or allergy shots, has also gained in popularity. The FAA will allow IT as long as an appropriate amount of time passes after injection to rule out adverse reactions before returning to aviation duties.

Allergy facts

- Each year more than 50 million Americans suffer from allergies
- Allergies are the sixth leading cause of chronic disease in the U.S.
- Proteins secreted in animals' skin, saliva and urine are the primary cause of pet allergies -- not their fur

Source: National Institute of Allergy and Infectious Diseases

In all cases, remember to report visits to healthcare providers at the time of your next medical. Controllers also have to report new therapy to the Regional Flight Surgeon before returning to safety sensitive duty. If symptoms are effectively controlled, VFS recommends that you specifically state this and note absence of side effects on the medical application. Should you have questions regarding therapy or proper documentation, be sure to contact one of the VFS physicians to discuss your particular situation.

Spring fever is here! With a little help, it's a great deal easier to smell the flowers and still be able to buzz the towers...and for our ATCSs, easier to call the go round! Fly and control safely, and stay healthy.



San Antonio, TX - In January, Dr. Snyder traveled to the FlightSafety International facility in San Antonio for the NBAA Safety Committee meeting. Although there were a wide range of topics, the main focus was EMS helicopter operations. The group also discussed the Avian flu, procedural non-compliance, safety scholarships and FOQA.

USAFSAM, Brooks AFB, TX - Later in January, Dr. Snyder presented a briefing during the 3-day forum, representing the pilot's perspective in aviation medicine for the panel of military aerospace medicine physicians. Medical representatives from the FAA, NTSB, airlines, ICAO and international aerospace medicine organizations attended. There was a lively discussion covering a full range of topics.

Washington, DC - In March, Dr. Snyder provided training to the NATCA Drug and Alcohol testing representatives and the Labor Relations staff on the Disease Model of Alcoholism and substance abuse. The goal was to improve recognition of

potential medical conditions before any serious consequences to health, safety or career, and to seek assistance early for this disease.

Federal Air Surgeon Meeting, Washington, DC - In March, Dr. Snyder met with the Federal Air Surgeon staff regarding aeromedical standards and policies for pilots and air traffic controllers.

Nashville, TN - In March, Dr. Parker participated in the Women in Aviation International (WAI) annual convention in Nashville. He provided a briefing on aeromedical certification as it relates to specific issues in Women's Health today. Dr. Parker is the aeromedical columnist for the WAI magazine.

Next Quarter - Dr. Snyder will travel to the Corporate Aviation Safety Seminar May 17-19 in Phoenix, AZ. He will also participate in the Aerospace Medicine Association (AsMA) annual convention in May.



NATCA Presentations

VFS represents the 15,000 members of the National Air Traffic Controllers Association (NATCA) in protecting their health and medical qualification status with their employer, the FAA. As part of this relationship, physicians from VFS give educational seminars to NATCA facility and Regional representatives.



Quay Snyder, MD

NATCA 2006 11th Biennial Convention. Dr. Quay Snyder will attend the 2006 Biennial NATCA Convention to be held in Boston, Massachusetts. He will briefly address each of the 9 Regional break-out groups on Tuesday, April 11th. He will then be available for private consultation with individual controllers in the Jefferson Room (3rd floor) of the Boston Sheraton from 0900-1200 and 1300-1600 on Wednesday, April 12th. There will be a schedule available on-site or controllers can be worked in on a walk-in basis. Dr. Snyder will also be available at the various social events and on the convention floor. VFS is proud to be the aeromedical service provider for the men and women controllers of NATCA. Hope to see you there!



Ask the Doc

Question:

I visited my doctor for a minor illness recently. Do I need to inform the FAA, and if so, when should I do so? What forms should I use?

Response:

FAA Order 39330-3a, 9.d.(2) states that "ATCSs shall inform facility management and/or the Flight Surgeon of any health problems and results of medical examinations between periodic exams." This is a very broad requirement that requires balancing common sense with the expertise of the FAA Flight Surgeon and with the implications of various health problems on aviation safety.

For minor, self-limited illnesses that an ATCS elects not to use Over-the-Counter (OTC) medications nor to seek medical evaluation, no reporting is required. Examples would include a cold, pulled muscle or skin rash.

Minor conditions that are treated with OTC medications, but do not require visits to physicians, probably should be reported to the Agency, although in most cases, the ATCS can expect to be cleared for continued controlling duties. The "Therapeutics Drug Guidelines for Air Traffic Control Specialists FY 2005" is available on the VFS web site by clicking on "Information Resources" and then on "Medication List." Although this information may give the controller a general idea of how a particular medication may be considered by the FAA, it is not to be used by the controller or by Air Traffic management as tacit approval or authority to allow the use of medication while performing safety related duties.

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ATCS Sector, (Continued from Page 6)



In many cases, the underlying condition for which medication is being used is more safety-critical than the medication. This is why the Flight Surgeon retains approval authority for use of any medications in Air Traffic Controllers.

Any condition that triggers a visit to a health care provider, other than routine physical and dental examinations, should be reported to the Agency either before or at the beginning of the next duty period. Interestingly, we have heard of cases where a physician tell a safety sensitive aviation professional that he just had a “minor” heart attack and that it was nothing to worry about. The professional interpreted this as not being significant enough to report to the FAA. Clearly, there are many cases less serious than this that require reporting. The important point is that the controller, or even the controller’s physician, may not be familiar enough with FAA Aeromedical policies to make a legitimate determination about whether a condition affects FAA medical qualification.

Many controllers are concerned with the privacy of their medical information. They may be reluctant to report medical conditions, even seemingly minor and common ones, through their facility management or supervisor. Any controller in this situation should feel free to call the Regional Flight Surgeon’s office directly and ask to speak with a physician or nurse about their interval medical condition. Ideally, call during routine office hours. If after hours or if the next duty occurs before regular hours, ask your facility for the number of the Regional Operations Center and request to speak with the Flight Surgeon on call. In most cases, the Flight Surgeon prefers to speak directly with the controller for more accurate information and reduced requirements for multiple phone calls when going through a non-medical supervisor or manager.



Remember, all visits to health care providers (except routine physical and dental examinations) are reportable at the time of the next periodic medical examination on FAA Form 8500-8. Prior to that time, there is no specific form required when reporting interim medical conditions, although the Regional Flight Surgeon may ask for records or a medical statement from the treating provider prior to clearing a controller for duty. A controller may want to keep a list or file of visits to health care providers and refer to it at the time of the next medical examination to reduce the chance of unintentionally omitting physician visits.

VFS encourages any controller who has questions about reporting requirements or has privacy concerns to contact the VFS physician staff for consultation. There is no charge for this service to members in good standing. NATCA members may use the “NATCA Member Confidential Questionnaire” on our web site at www.AviationMedicine.com and click on “NATCA members” in the lower left section of the home page. The email inquiries are monitored 7 days a week. Members may also reach our staff at 720-857-6117. Your health is your #1 priority. Don’t hesitate to get the information you need to protect your health, your career and aviation safety.

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Spotlight—Your VFS Staff

To better acquaint you with the physician and administrative team who serves you, VFS will profile a staff member each quarter. This quarter's spotlight is on the newest member of the VFS Team, Dezi Ortiz.



Dezi is pictured with her husband, Manuel, and her step-children, Manuel Jr., Lewis and Tori.

Dezi Ortiz joins the VFS staff from the Air Reserve Personnel Center in Denver, Colorado, where she was a lead technician managing the contractors in the medical records department. She brings a diverse background in customer service and administrative abilities. She was born and raised in San Luis Valley, Colorado and moved to the Denver area in 2001. She spends her free time with her family, enjoying Country Music, dining out and watching movies together. Dezi will primarily provide customer service and assistance to all our VFS clients. She will also focus on developing the VFS web site and managing administrative processes as our company continues to grow.

Your VFS 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. VFS 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. VFS is proud to be your one source for aeromedical advice and FAA medical certification waiver assistance.

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, please contact our

Director of Operations, Catherine Cazorla via email at: ccazorla@aviationmedicine.com.

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Welcome to our Newest Clients:

Frontier Airline Pilots Association (FAPA)

THE VFS GOAL IS TO KEEP OUR CLIENTS HEALTHY, SAFE & MEDICALLY CERTIFIED!

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