Virtual Flight Surgeons® Inc.

"Our Physicians...Your Solution"

Quarterly Aeromedical Newsletter

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VirtualFlightSurgeons

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FAA Aeromedical Certification Policy Update

FAA MedXPress – The program was launched in April and is due to be fully implemented by this summer. This program allows pilot applicants to complete the front page of their medical application directly into the FAA computer system to avoid transcription errors by the AME office staff. VFS encourages applicants with complex medical histories to get appropriate advice before completing the application. Air Traffic Controllers should refer to ATC sector for additional information.

Breast Cancer Updates – The FAA has recently reexamined their policies regarding breast cancer certification with Special Issuance. The agency is now willing to consider certification sooner than before with lymph node involvement once an adequate staging assessment has been completed. Contact our physicians for more information.

Amputation Stats – Many airmen and controllers incorrectly assume that a significant traumatic event such as a lower leg amputation would end their aviation careers. In fact in the last 3 years some 613 airmen have been certified (50 – 1st class, 117 – 2nd class and 236 – 3rd class). Typically this would require passing a Medical Flight Test and being granted a Statement of Demonstrated Ability or SODA. The VFS flight surgeons stand by to assist you with similar circumstances if needed.

FAA Flight Surgeon of the Year – Considering the countless hours he's spent keeping safe pilot's flying, it is no surprise that Dr. Warren Silberman was recently recognized as the FAA Flight Surgeon of the Year. Congratulations!

New Southern Regional Flight Surgeon – VFS is proud to welcome Susan E. Northrup, MD, MPH as the new Regional Flight Surgeon for the Southern Region in Atlanta. VFS physicians have enjoyed years of working with Dr. Northrup previously when she was with Delta's medical staff. She is an outstanding pilot and ATCS advocate, a private pilot and co-owner of a Harvard Mark IV Warbird. Dr. Northrup is Board Certified in Aerospace and Occupational Medicine.

Longer Duration Medical Certificates for Younger Pilots - The FAA has published a Notice of Proposed Rule Making (NPRM) on April 10, 2007 to authorize those pilots who have not reached their 40th birthday to hold a medical certificate valid for First Class privileges for 12 months rather than the current six months. Third Class certificates in this age group would be valid for five years rather than the current three year period. Second class certificates for pilots younger than 40 years would remain valid for 12 months from the month of the examination. The duration of medical certificates for pilots aged 40 years and above would not change. Stand by for implementation as not much resistance to this proposal is expected. The FAA will enjoy a somewhat lighter workload without a reduction in safety. See http://dms.dot.gov/search/document.cfm?documentid=464747&docketid=27812.

(Continued on Page 2)

FAA Policy Update (continued)

NTSB Safety Recommendations on Alcohol Evaluations for Pilots

On June 25, 2007, the NTSB issued Safety Recommendations A-07-41 through A-07-43 focusing on pilot substance abuse recommendations to the FAA. The recommendations are based on the perception that pilots who have alcohol related motor vehicle actions are at increased risk for the diagnosis of substance abuse or dependence. The NTSB feels the current procedures for evaluating those pilots does not provide evaluators with enough information to make credible assessments of pilots' medical status or the FAA with the proper information to make a determination of pilots' fitness to fly. As a result, the NTSB published three recommendations. To summarize, they are:

1) Any alcohol or substance related traffic conviction or administrative action reportable on the FAA medical application 8500-8 would require the pilot to provide a complete copy of relevant arrest reports and court records. These records would become part of the airman's FAA medical file. (Frequently, the FAA requires an evaluation after the second, rather than any, motor vehicle action.)

2) Any professional performing a substance abuse evaluation on an airman would be required to review the airman's complete FAA medical file (including arrest and court records) prior to completing an evaluation for the FAA's review. (Currently, the FAA does not mandate the evaluating professional review the court and arrest records.)

3) Any pilot diagnosed with alcohol or substance abuse/dependence would be required to always hold a Special Issuance Authorization for FAA medical certification. (The current FAA policy requires the SIA for at least three years, not indefinitely).

For the complete text of the NTSB recommendations, see http://www.ntsb.gov/Recs/letters/2007/A07_41_43.pdf Also see this issue's article on Pilot and Controller Health "To Blow or Not to Blow" regarding sobriety testing. Also see the VFS News section regarding VFS's AASAAP® services for implementing chemical abuse/dependency safety programs for business aviation.

Medication Update

Accutane (Isotretinoin) is a medication that reduces sebum secretion and is a powerful weapon against severe acne. Unfortunately it is also associated with some serious side effects. It can also result in decreased night vision and affect color vision. The FAA recently published a notice that they will be reviewing medical applications to ensure that any airman using accutane have the appropriate restriction, "Not Valid for Night Flying".

Chantix Update – The new promising medication for the treatment of tobacco dependency has been FDA approved for over a year. In July 2007, the Federal Air Surgeon authorized the use of Chantix for smoking cessation. The requirements for authorized use include at least 72 hours on the maximum intended dose and no significant side effects. Achieving the maximum intended dose may take up to several weeks as the medication is usually prescribed in increasing dosages to reduce side effects. Pilots should provide the Aeromedical Certification Division in Oklahoma City a note from their treating physician or AME indicating they are tolerating the medication at the stable dose for at least 72 hours without side effects as soon as they meet these criteria. Controllers should provide similar documentation to the Regional Flight Surgeon's office.

Avandia (Rosiglitazone Maleate) is an oral medication for diabetes that helps the body more efficiently use it's insulin supply. A recent study indicated a potential increased risk for heart attack with this medication. Additional investigation is ongoing, however. At this time, the FAA plans no change to their policy that Avandia is an acceptable medication for the treatment of diabetes under the Special Issuance program. If airmen or controllers are planning to change diabetes medications, be sure to carefully discuss the risks and benefits with your treating provider. Also note that you would be required to ground yourself during the adjustment period for the new medication and that many oral medications for diabetes are not allowed to be taken in conjunction with "beta-blockers" used for blood pressure control. If you already have a "waiver", you may want to discuss the FAA impact of a medication change with your AME or with one of our physicians.

President's Corner

Quay C. Snyder, MD, MSPH

Critical Performance Numbers for Pilots – Part Two – Weight and Body Mass Index

This is the third in a running series of articles on critical numbers for pilot health. Previous articles covered blood pressure and cholesterol. They are available on our web site at www.AviationMedicine.com under the VFS News section.

Just as an aircraft performs differently with varying weights and balances, so does the human body. Not only does total body weight have an influence on health, but the distribution of fat on the body also may predict risk for cardiac disease.

Obesity is an epidemic in the United States. Obesity is defined as a weight greater than 30% of the ideal body weight. Overweight people have weights between 20% and 30% greater than ideal body weight.

In the US adult male population, 32.9% meet criteria for obesity and an additional 25% are overweight. In US women, the percentages are 25% and 25% respectively. Disturbingly, over 18% of US children are overweight with a rapidly rising percentage. Obesity is more prevalent in Hispanic and non-Hispanic/Non-white populations.

More recently, the criterion for obesity is defined by Body Mass Index (BMI). This number incorporates the ratio of a person's height and weight allowing the use of uniform numbers for persons of all heights to define criteria for weight categories.

The formula for BMI is weight (kg) / [height (m)]^2 or weight (lb) / [height (in)]^2 x 703 = BMI

BMI tables are available on a variety of web sites, including the Centers for Disease Control at http://www.cdc.gov/nccdphp/dnpa/bmi/. General categories include:

Underweight	-	BMI < 18.5
Normal	-	BMI > 18.5 and < 24.9
Overweight	-	BMI > 25 and < 29.9
Obese	-	BMI > 30
Morbidly Obese	-	BMI > 40

Obesity is associated with a host of diseases and early death. According to the National Institutes of Health, persons with obesity have the following increase risks of disease: heart disease, stroke, hypertension, diabetes, depression, sleep apnea, some cancers, gall bladder disease and fatty liver. Psychosocial problems are also common with obesity.

Distribution of body fat also seems to have some predictive value for increased risk of heart disease. Men with large amounts of abdominal fat ("beer bellies") are at higher risk for heart disease. Women who have body fat distributed primarily around the hips, the so-called "pear-shape", also seem to be at increased risk for heart disease. The reason for this finding is unknown.

Although many factors may influence weight (genetics, diseases, medications, etc.), the primary influences on weight are caloric intake and physical activity.

The average middle aged male with little physical activity requires 2500 calories per day to hold weight stable, while the average middle aged female will burn approximately 2000 calories per day with little activity. If a person's intake of calories equals the daily output, weight will remain stable. Reducing caloric intake to less that daily output will result in a gradual weight reduction. Obviously weight gain occurs when more calories are consumed over time than are burned with the basic metabolic rate plus physical activity.

Different food types have different caloric values. A gram of protein contains approximately 4 calories. The same is true for a gram of carbohydrates (simple or complex carbohydrates both have 4 calories per gram). Fats contain 9 calories per gram. Plain water has no calories. One ounce of food weighs approximately 28.5 grams, often rounded to 30 grams per ounce for convenient calculations. A pound equals 16 ounces or 454 grams.

Using the above figures, a pound of body fat has the energy equivalent of about 4000 calories. Therefore, to lose a pound of body fat per week, a person would need to use 570 calories a day more than the daily intake of calories. (570 calories x 7 days = 3990 calories per week).

Most reputable and healthy diet plans recommend limiting weight reduction to one pound or less per week sustained over an extended period. Rapid apparent losses in weight after a period of exercise usually reflect loss of water in the body and are quickly regained with hydration. Diets that still provide adequate nutrients for health will contain at least 1200 – 1500 calories per day.

Therefore, the optimum approach to weight reduction combines a modest reduction in average daily caloric intake with nearly daily exercise. The exercise does not have to be vigorous for successful weight reduction; even 30 minutes of walking per day broken up into several short intervals will increase caloric output.

Visit the VFS website for related articles on "Pilot Weight and Balance" and "Exercise and Physical Activity."

Stay Healthy, Fly Safely

...Signed CP

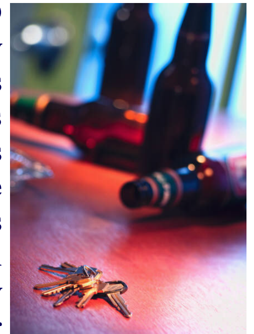
www.AviationMedicine.com

Field Sobriety Testing: To Blow or Not to Blow, That is the Question

Phil Parker, MD

Everyone knows alcohol and aviation safety don't mix. On the other hand, when taken in moderation a drink with fellow aviation enthusiasts while discussing that textbook or perhaps not so textbook landing can be quite relaxing. The problem tends to arise when alcohol clouds judgment and the pilot or ATC places themselves or the public at risk by operating motor vehicles while still under the influence.

We'll leave the greater discussion on the risks and potential benefits or alcohol consumption in moderation for another forum. This article is meant to address the commonly encountered question of should an airman or controller submit to field sobriety testing when requested by law enforcement. Let me preface this discussion with the disclaimer that this column should not substitute for qualified legal advice. Unfortunately the lawyers typically are not present during the initial traffic stop. The advice we see typically given by non-Aeromedical sources is not to submit so as not to self-incriminate.



Here's the other side. The FAA Aeromedical Authorities (Regional Flight Surgeon, Physicians at AMCD in Oklahoma, Federal Air Surgeon, etc.) tend to view each case of alcohol related issues on a case by case basis. FAR 61.15 requires reporting any "motor vehicle action" to the FAA Civil Aviation Securities Division within 60 days of the action (note that action and conviction are not the same and the reader is referred to an extended article on our website for more details). Similar but separate reporting is required on the FAA medical application, item 18v. Additionally controllers as FAA employees have additional reporting requirements under the conduct and discipline rules (controllers should discuss this with their FAC reps and Regional Vice Presidents as the best course of action may vary between regions and facilities). In any case, once reporting is made, the FAA medical authority will eventually have to make a determination if the motor vehicle action constitutes likelihood for alcohol abuse or dependence. Either diagnosis typically requires at least a two-year disqualification.

If the FAA medical authority suspects alcohol abuse or dependence, then generally a Substance Abuse Evaluation is directed. There are cases where based on the circumstances surrounding the arrest, blood alcohol level (BAC), etc., the FAA is able to determine that this is likely to be a one time stupid decision not indicative of a greater problem. When the BAC is known, it is possible to extrapolate backwards to estimate the levels at different points in time and help corroborate individual accounts. However, when the BAC is not available, then the FAA physicians must assume the worst case scenario. A refusal will almost always require further Substance Abuse Evaluation, and the refusal often also influences the evaluator to determine at least a diagnosis of abuse leading to disqualification.

Bottom line, the best course of action is don't drink and drive. For medical certification purposes, we encourage aviation professionals who may be stopped for suspicion of operating under the influence NOT to refuse to take a breathalyzer test. If you are facing related issues, do not hesitate to get the advice of our physicians.

VFS Welcomes Allied Pilots Association (APA) Members

VFS has entered into a service agreement with APA, the union for American Airline pilots. All APA members in good standing can contact VFS at 1-866-AEROMED for assistance. Although the name has changed to VFS, APA members can expect the same great service they have always received from the physicians and support team. Members can contact our office between the hours of 9 AM to 4 PM (Mountain Time) for Aeromedical advice and assistance. Questions or concerns regarding general services should be directed to the VFS Director of Operations, Catherine Cazorla at 720-857-6117 ext. 322 or APA Aeromedical Committee Representative, First Officer Guy Gribble at 817-229-3234.

1-866-AEROMED

www.AviationMedicine.com

VFS News

Mile High Chapter of Women in Aviation International – Phil Parker, MD was on the road in May and met with the Colorado Mile High Chapter of WAI. Dr. Phil's tips on how to maintain your medical are always well received.

NBAA Leadership Conference – "You've Got To Live" Healthy Living for Aviation Leaders – San Diego. Dr. Snyder spoke to approximately 150 corporate aviation leaders and certified aviation managers on protecting their health and improving their productivity. A host of speakers at the two day conference inspired and encouraged attendees to strive for safer more efficient flight operations.

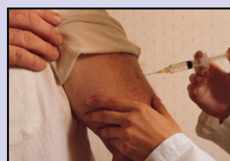
NBAA International Operators Conference – "Hypoxia Training – Benefits and Risks – Choosing the Right Program" - San Diego. Over 650 attendees from around the world exchanged ideas for safer, harmonized flight operations. Dr. Snyder presented a historical overview of hypoxia in aviation as well as the strengths and weaknesses of available aircrew hypoxia training programs available today. He offered tips for selecting the right program for a safe, timely and useful hypoxia training program within a flight departments budget and training requirements. Other speakers on the panel were Joan Sullivan Garrett from MedAire speaking on pandemic influenza and Dr. Melissa Mallis from Alertness Solutions speaking on fatigue management during the afternoon seminar.

Flight Safety Foundation Corporate Aviation Safety Seminar – "FAA Medical Certification Policies – 2007 Update" - Tucson AZ. Nearly 400 directors of safety and leaders from business aviation, aircraft manufacturers, flight training providers and others heard Dr. Snyder speak on current FAA medical certification policies. Dr. Snyder explained that the FAA is the most open-minded of all international aviation certification authorities on considering pilots with diseases that have been adequately treated. He offered tips for taking a medical examination and proving the appropriate documentation to the FAA for certification. The bottom line is "Take care of your health first; that will preserve and prolong your career."

Flight Safety Foundation – Corporate Aviation Committee meeting & NBAA Safety Committee meetings. Dr Snyder is a member of both committees charged with developing safety recommendations and educational materials encouraging technology for safety in business aviation. The main theme of both meetings this quarter was implementation of Corporate FOQA programs to save money and to save lives through de-identified flight performance data collection across aircraft fleets. The Committees also followed up on Procedural Intentional Non-Compliance as a human factors cause of reduced flight safety.

Aerospace Medicine Association – New Orleans – Dr. Snyder presented two seminars to international aviation medicine professionals focused on aviation safety and aircrew health. In his first talk, "Nutritional Supplements in Aviation", Dr. Snyder joined a panel from the Coalition of Airline Pilots led by Captain Skipper Hyle providing insight into the non-glamorous aspects of an airline pilot's life. He then presented, "Helicopter Emergency Medical Services Safety Recommendations" based on the NTSB's research into human factors in the most dangerous of all non-combat helicopter operations.

Aviation Alcohol and Substance Abuse Abatement Program (AASAAP ®) - In April, VFS conducted the first educational seminar on reducing the risk of alcohol and drug abuse/dependence designed specifically for business aviation. Using the best elements of the airline industry's immensely successful HIMS program, VFS and a major corporate aircraft operator implemented a program designed to safe lives, save careers, save money and improve safety. Over 60 attendees heard speakers from VFS, addiction medicine specialists, the airlines, the NBAA and pilots benefiting from the program discuss the prevalence of the disease in aviation and how to take proactive steps to reduce the risk to all involved.



El Salvador - In June, Dr. Parker led a medical team from the Colorado Air National Guard for a two week medical readiness exercise delivering healthcare to remote regions of Sonsanate, El Salvador. Dr. Parker is the Chief of Aerospace Medicine and was the lead physician and preventive medicine specialist for the team that saw approximately 1400 patients each day.

ATCS Sector

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

MedXPress NOT for Controllers - VFS has been asked to help remind controllers that they should not use MedXPress for their medicals. The inputs to the MedXpress computer system do not go into the ATCS medical database (a separate one from the pilot medical computer system). The FAA is currently working to provide MedXPress to controllers. VFS will make information available through NATCA leadership when this system is available to air traffic control specialists.

Dr. Phil Parker

NATCA Center Meeting - Las Vegas Tropicana - In May, Dr. Parker met with Center representatives to address some of the "hot medical topics" facings ATCSs, including Medical Standards, Privacy of Medical Information, Impact of Work Rules, Alcohol and DUIs, and Keys to FAA Medical Reporting.

Send us your Tower. Send a photograph of your tower and we will profile it in an upcoming issue of our newsletter. Send photos by mail or email digital photos to ccazorla@aviationmedicine.com.

Ask the Doc

Question: **Can I take Melatonin and still maintain my certification?**

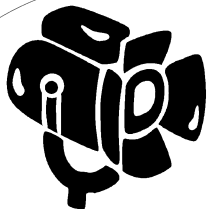
Answer: Melatonin use is not restricted by the FAA, although the use of nutritional supplements is not encouraged by the FAA. The production and manufacture of nutritional supplements is not monitored by the FDA. We recommend you buy this product from a reputable manufacturer. Also the use of nutritional supplements does not require reporting on your FAA medical application.

Research with melatonin shows that about 80% of people taking it will experience some help in inducing sleep. Approximately 5-10% will have no effect and about 10-15% will have a paradoxical effect and will be more alert or have vivid dreams. If you are considering taking this supplement, I recommend tying it for several days when you are not scheduled to control the next day. If you have any unexpected side effects, discontinue its use.

Question: **What medications are allowed for ATCSs with Parkinson's?**

Answer: The FAA will allow you to return to controlling with Special Consideration for Parkinson's as long as your symptoms are well controlled. The FAA has a blanket prohibition on many medications for Parkinson's such as Permax, Comtan, Mirapex and Tasmar, but the agency is willing to consider waiver for use of Eldepryl and Sinemet. Your treating Neurologist will be the best source of information as to whether or not these medications will be effective and appropriate in your particular circumstance. I can tell you that we have a number of controllers and commercial and private pilots that have found effective treatment with these medications and eventual return to aviation duties.

You would be expected to clear through the Regional Flight Surgeon's (RFS) office once you get this diagnosis. Typically the RFS will want to see a typed clinical narrative from your treating physician addressing your presentation, evaluation, recommended treatments, response to treatment, and future prognosis. The VFS physicians would be happy to review this narrative to ensure all Aeromedical issues are addresses before you provide it to the RFS.



Spotlight: Your VFS Staff

To better acquaint you with the physician and administrative team that serves you, VFS will profile a staff member each quarter. This quarter's spotlight recognizes the accomplishments of Dr. Quay Snyder, President of VFS.

Dr. Snyder is pictured above providing a check ride.

Congratulations Dr. Snyder - Master CFI (Certified Flight Instructor) Renewal

The National Association of Flight Instructors (NAFI) takes pride in announcing a significant aviation accomplishment on the part of Quay Snyder. Quay is the Black Forest Soaring Society's chief CFI at Kelly Air Park (CO15) as well as a pilot examiner and FAA Safety Team (FAASTeam) representative with the FAA's Denver FSDO. Recently, Quay's accreditation as a Master CFI was renewed by NAFI, his professional aviation education association. He has held this professional accreditation continuously since 2003.

The Master Instructor designation is a national accreditation recognized by the FAA that is earned by candidates through a rigorous process of continuing professional activity and peer review. Much like a flight instructor's certificate, it must be renewed biennially. This process parallels the continuing education regimen used by other professionals to enhance their knowledge base while increasing their professionalism. Simply put, the Master Instructor designation is a means by which to identify those outstanding aviation educators, those "Teachers of Flight," who have demonstrated an ongoing commitment to excellence, professional growth, and service to the aviation community.

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 e-mail at ccazorla@aviationmedicine.com.

VFS Welcomes Our Newest Corporate Clients:

Kraft Global Foods

OPT-OUT: If you do not wish to continue receiving the quarterly VFS Aeromedical electronic newsletter, please reply to this e-mail and type "REMOVE" in the subject line. We will remove your e-mail address from our mailing list.

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

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