

Virtual Flight Surgeons® Inc.

“Our Physicians...Your Solution”

Quarterly Aeromedical Newsletter

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Season's Greetings
from your VFS Staff

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FAA Aeromedical Certification Policy Update



Conductive Keratoplasty (CK) - CK uses RF energy instead of lasers to reshape the cornea for temporary improvement of near vision. Typically one eye is corrected for near vision while the other eye is used for distant vision making the airman functionally monocular. In the 31 July 05 update to the FAA Guide to Aviation Medical Examiners, a new protocol was included for CK. A recent press advertisement stated, “U.S. pilots who are considering having conductive keratoplasty to improve their vision may now do so without losing their aeromedical certification for flying.” Unfortunately, the article left off the caveat that the FAA requires a 6-month observation period following the procedure, and most likely a medical flight test will be required after that point, followed by a Statement of Demonstrated Ability or SODA on the permanent medical. Those considering this procedure should discuss this with a VFS physician beforehand.

Multifocal and Accommodative Lenses - In the Fall of 2005, the FAA approved the use of the newer multifocal contact lenses that correct at distant in the central portion while correcting for near vision at the periphery. This arrangement works fine when looking down at something to read, but blurs images in the periphery on lateral and upward gaze, particularly in low light conditions. The specifics are obtained in the FAA protocol for multifocal lenses in our Information Resource center. Applicants must allow one month for adaptation before returning to aviation related duties, must be free from any vision defects, and must meet FAA vision standards.

The policy also included FAA approved multifocal intraocular lenses (IOL) for those needing surgical replacement following cataract surgery. These new self-accommodating IOL (can focus both at distant and near) were approved by the FDA in November 2003. One brand, the [Crystalens](#), uses the muscles of the eye to move the lens and adjust the focal distance. This new lens may negate the need for reading glasses following cataract surgery. The FAA protocol for accommodative or multifocal IOL lenses requires a 3-month post-operative recovery, no vision defects, and the pilot must be able to meet FAA vision standards (see the [FAA protocol](#) in our Information Resources section). Note that with standard "non-accommodating" lenses, a pilot would be able to go back to flying as soon as fully recovered.

There may be regional variation on how these policies are applied to air traffic controllers. We recommend ATCS to discuss these variations with one of our physicians or the Regional Flight Surgeon before getting multifocal lenses.

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President's Corner

Quay Snyder, MD, MSPH



The holiday season has arrived and many will be taking the opportunity to share good times with family and friends in celebration. Many of us will travel as well. Virtual Flight Surgeons will reduce its staff during the Christmas and New Year's Day holidays to allow time for family activities. All of our clients will continue to have access to our services throughout the entire holiday season. Do not hesitate to contact us if you need any aeromedical assistance. We will be happy to address any concerns you have.

I would like to remind all of our readers to exercise caution and good judgment during times of celebration. Holiday parties, particularly New Year's parties, are often marked by good food and plenty of drink. Drinking and driving make a bad combination, even for those who rarely drink (maybe even more so). An alcohol related motor vehicle action has significant legal and financial consequences, but for our pilots and controllers, such events may threaten a career. A rule of thumb to apply if drinking is to have no more than three standard size drinks in a day/evening. It takes approximately two hours to metabolize one standard sized drink (12 ounces of beer, 5 ounces of wine, 1 ½ ounces of liquor). Coffee does not speed this rate. If you are drinking away from home and cannot wait several hours after your last drink before driving, call a cab, use a designated non-drinking driver, get a hotel or stay where you are. "One more for the road" is not a good idea for anyone, but particularly for an aviation professional.

Substance abuse (alcohol and drugs) affects 8-10% of the US population. VFS has worked closely with the joint airline/FAA HIMS program and sponsors business aviation alcohol abuse abatement programs. These programs have an extremely high success rate for treating and returning pilots with alcohol abuse and dependence to the cockpit after establishing a program of lifetime sobriety. Information on these programs is available on our web site. The holidays are a high risk time for relapse. For those in a program or who have friends in a program, please watch out for each other. Go to meetings, talk to your sponsors, have a soft drink in your hand when others are drinking, call VFS to talk... but above all else, stay sober.

On the theme of alcohol, the FAA announced the random alcohol testing results for 2004 in the aviation industry. Because the violation rate was 0.09% of all tests given, the random alcohol testing rate will remain at 10% of all eligible personnel for 2006. For more information, see the Federal Register: November 10, 2005 (Volume 70, Number 217) [Page 68507] or go to the FAA web site on Drug and Alcohol Testing at http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/.

The staff at Virtual Flight Surgeons wishes all of our pilots and controllers a very happy and safe holiday season. For those of you who are working to keep others safe and to help families join together, we thank you for your sacrifice during the holidays. Please be safe in all of your activities and healthy in your behavior. We look forward to another great year of serving the best professionals in the world. We will see you in 2006!



Medication Update

Stalevo – A combination of carbidopa, levodopa, and entacapone for Parkinson's disease is now waivable through the Special Issuance program. In some cases serious reactions such as syncope, severe high blood pressure, depression, and bleeding can develop. To be waivable, you must demonstrate absence of adverse effects and effective control of your underlying neurological condition. Our physicians have successfully assisted a number of pilots and controllers through this process.



Pilot and Controller Health



Avian Influenza (Bird Flu)

By Phillip Parker, MD, MPH

Barraged by sensationalism in the press balanced by healthy respect for nature's potential ravages, we have noted increased inquiry regarding "bird flu" from many of our clients. Armed with the facts, it is easier to put the risk of infection in proper perspective.

Avian influenza (bird flu) generally refers to a family of viruses that wild birds tend to carry in their intestines usually without being sick. The virus can be spread to and become highly contagious to domestic birds resulting in significant poultry losses. Fortunately, it is rather rare for the virus to "jump species" and there are relatively few recorded cases of human infection to date, and almost no human-to-human spread.

Flu viruses are classified by types and subtypes. The type A flu is distinguished by surface proteins such as hemagglutinin (HA) of which there are 16 different subtypes and neuraminidase (NA) with 9 different subtypes. Many different combinations of HA and NA are possible in birds, but typically only H1N1, H1N2, and H3N2 are ever found in humans. Unfortunately, flu A viruses are constantly changing or mutating and that has driven the fear that in conditions of large poultry outbreaks in close proximity to humans, the greater the likelihood of a mutated subtype to "jump species". If the mutated subtype was easily transmitted from human to human, there would be very little native immunity allowing the potential for a worldwide pandemic such as that which occurred during the 1918 Spanish flu which killed 500,000 Americans and some 50 million people worldwide. In fact, there have been three such pandemics in the last 100 years. One plan shows potential for up to 1.9 million deaths in the U.S. if such a pandemic were to occur.



Crowded emergency hospital at Fort Riley, Kansas during the 1918 Spanish Flu (U.S. Army photo).

Bird flu, just like typical influenza in humans, results in fever, cough, sore throat, muscle aches, eye infections, pneumonia, severe respiratory disease, and other potentially life threatening complications. However, in the few cases of actual human infection with avian flu subtype (H5N1), first isolated from terns in South Africa in 1961, the death rate has been reported as high as 50 percent. As of the time this article is written, H5N1 virus has infected 124 people in Thailand, Vietnam, Cambodia and Indonesia since 2004, killing 63 of them. Most of the exposures to H5N1 have involved contact with infected poultry, bird droppings, or contaminated surfaces, and there have been no documented cases of sustained human-to-human spread.

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Pilot and Controller Health (Continued from Page 3)

Evidence exists that the H5N1 strain may be somewhat susceptible to currently available commercial antiviral medications such as oseltamavir or Tamiflu. Recently, the National Institute for Health developed and began testing a vaccine that is also effective against this avian flu strain with an expectation of about 10 million doses available by the end of 2006. The President has outlined a plan that would eventually stockpile enough vaccine to cover 25% of the U.S. population. The reality is that one's chances are exponentially more likely to become infected with typical human influenza. That vaccine is currently available.

For those wanting to minimize chances of infection with influenza:

- Hand washing – The first line of defense is careful hand hygiene
- Cover your cough - preventing the aerosolization of virus laden water particles
- Dispose of used tissues in a waste basket
- Avoid traveling when ill
- Consider vaccination especially if your physician feels you are at higher risk

Additionally, if you are a traveler to Asian countries experiencing outbreaks of avian influenza:

- Avoid poultry farms
- Avoid contact with birds
- Avoid contact with surfaces contaminated with bird droppings
- Tell healthcare providers in advance if you suspect exposure so consideration can be made to minimize theoretical transmission to others
- Airlines entering the U.S. are now required by law to report suspicious illness to U.S. Quarantine Stations
- When flying, ill passengers should be kept at least 3-6 feet from others when possible and provided masks or tissues to cover their cough

By and large, it is obvious that the average individual has very little cause for concern over bird flu at the present time and, as noted, good hand washing hygiene is always a good idea. Should you have any questions regarding this or any traveler's health issue, feel free to contact the VFS physician staff.

Additional References:

http://www.vaccines.mil/documents/838PandemicBrochure_05.pdf

www.cdc.gov/flu/avian/

http://www.who.int/csr/disease/avian_influenza/en/

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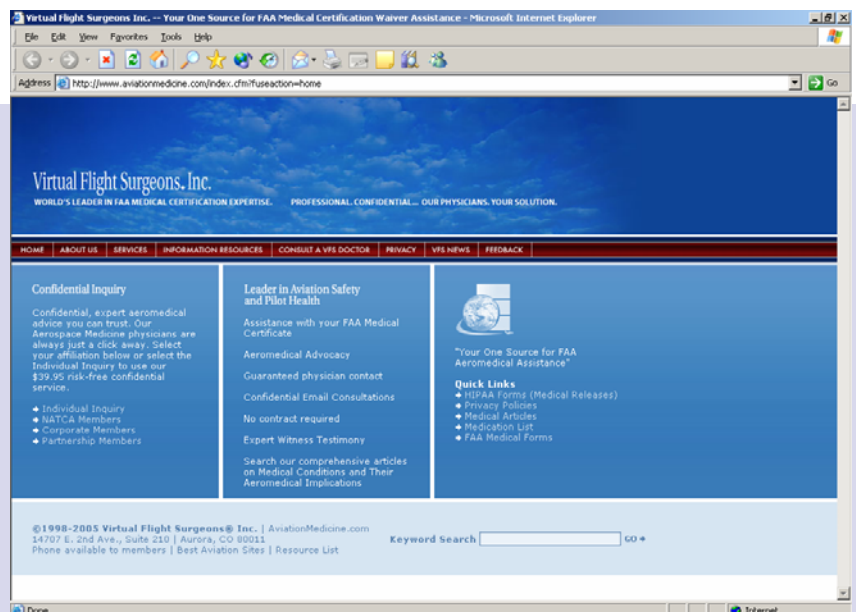


After much anticipation, VFS is proud to announce that we have completed our web redesign and launched our site. The site contains the same comprehensive aeromedical information but now provides enhanced navigation capabilities. Major changes include:

- Center navigation bar organizes the site and allows you to select where you want to go.
- Confidential Questionnaires that are used to contact a physician are now loaded under the “Consult A VFS Doctor” tab.
- If you are a NATCA member in good standing and wish to submit a question to a VFS physician, select “NATCA Member Confidential Questionnaire”. The service is provided to you at no cost as a NATCA member benefit.
- If you receive benefits as a member of an aviation organization or through your corporate flight department, select “Corporate & Partnership Confidential Questionnaire”. You will find drop-downs to identify your affiliation. The service is provided to you at a reduced fee or no cost, depending on your affiliation.
- If you are not affiliated and wish to submit a question on a fee-for-use basis, select “Individual Inquiry Confidential Questionnaire”. The fee for each questionnaire is \$39.95.
- To search a medication or medical article, select the “Information Resources” tab. You may perform a topical search by selecting a Main Topic and a corresponding Sub-Topic. You may also type any word into the Keyword Search on this page or the Keyword Search that you will find on every VFS page.
- You will also find a few new ways to contact our organization. The “Feedback Form” is provided for any general comments or suggestions for improvements. The “Request Information on our Services” is provided for more detailed administrative information on the services we provide.
- Our old site contained thousands of aviation and medical links. These links are now categorized under the “Information Resources” tab.

As is the case with all new web site launches, we will monitor and make changes based on client feedback and changes in our processes as they occur.

Screen shot of redesigned VFS web site www.AviationMedicine.com pictured at right. Comments, suggestions or questions about the new site should be directed to VFS through our Feedback Form or 1-800-AEROMED.





ATCS Sector

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

Dr. Quay Snyder gave a presentation in October for the Eastern and New England Regions at their meeting in Galloway, NJ. VFS welcomes requests to speak at Regional meetings and can provide a comprehensive briefing on aeromedical issues as they relate to medical certification. If you would like to request one of our physicians to speak at an upcoming Regional meeting, please contact our Director of Operations, Catherine Cazorla, to schedule.

Send Us Your Tower. Send a photograph of your tower and we will picture it in an upcoming issue of our newsletter. Send photos by mail or email digital photos to ccazorla@aviationmedicine.com. The Indianapolis Airport Traffic Control Tower is pictured at right, sent to us by Kevin Brown.



Ask the Doc

Question: I read an article on your web site, and didn't see information regarding controller standards. Where can I find more information?



Answer: I am glad you asked. Recently, we completed the long planned launch of our updated web site at the same URL, www.AviationMedicine.com. ATCS's can now find a keyword search on every page, and all of the clinical articles have been updated to include controller standards where applicable. There is also a Air Traffic Control and Security page under our Information Resources section with links of interest to controllers. If you don't find information on a topic of interest to you, feel free to contact one of the VFS physicians using our NATCA Confidential Questionnaire.

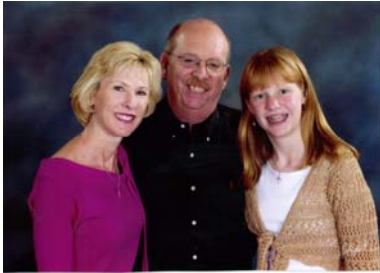
Question: I have always snored loudly, and my wife says I sometime seem to gasp while sleeping. I'm thinking about getting an evaluation for sleep apnea. What impact could this have on my medical?

Answer: Sleep apnea (OSA) is a condition with potentially severe negative health impact. OSA has been shown to increase blood pressure, and has been linked to cardiac events. Severe OSA has also been associated with cognitive deficits and excessive daytime somnolence. Usually OSA is diagnosed with a sleep study. Sleep apnea is considered disqualifying for both flying and controlling, until the condition has been successfully treated. Acceptable treatment typically involves use of a breathing device known as CPAP or undergoing surgery, or a combination of both. Once a controller demonstrates successful treatment including a Maintenance of Wakefulness Test (MWT) that confirms no daytime sleepiness, a controller can petition the Regional Flight Surgeon for Special Consideration to return to controlling duties. More information can be found on our web site at www.AviationMedicine.com. Our physicians are available to answer any additional questions you may have regarding this or any other conditions.



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 our Vice President, Dr. W. Keith Martin.



Keith is pictured with his wife, Ann and their daughter, Sara.

Dr. W. Keith Martin, co-founder/Vice President of VFS, has focused on civilian FAA aeromedical certification for the past 15 years. Previously serving as a Lieutenant Colonel and Senior Flight Surgeon in the Army National Guard, Keith also has extensive experience in rotary wing aircraft, accident investigation, hypobaric medicine and military medical certification. He continues to serve on the clinical faculty at the University of Colorado Health Sciences Center in the Department of Preventive Medicine and Biometrics. Keith lives with his wife Ann, daughter Sara and chocolate lab Sugar in Boulder, CO. He spends his leisure time around their Boulder home, in the mountains of Estes Park, CO, on the beaches of Destin, FL and following their favorite team, the Auburn Tigers. War Eagle!

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.

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.

Welcome to our Newest Clients:

SCANA Corporation

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

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