

VFS SLEEP APNEA EVALUATION SPECIFICATIONS

The FAA no longer publishes a specific sleep apnea protocol. Even mild cases of sleep apnea require FAA clearance. This guidance should help aircrew and controllers that need to document that their condition does not present a problem with daytime hypersomnolence also known as Excessive Daytime Sleepiness (EDS), cardiac dysrhythmia, changes in cognition or significant hypertension. The FAA typically requires the following:

- I. Initial work-up should include:
 - a. Sleep studies (overnight polysomnography) before and after treatment. Split study may be acceptable. The evaluator should comment on any cardiovascular or psychological aberrations and provide the results of any test deemed necessary.
 - b. Maintenance of Wakefulness Test (MWT) after appropriate treatment – see protocol below.
- II. Acceptable treatment includes:
 - a. Surgery with documentation of satisfactory results. A post-op sleep study or MWT evaluation should be done as soon as surgical wounds have healed. Surgical cure may not require future updates to the FAA.
 - b. CPAP, BiPAP, AutoPAP or similar is acceptable.
 - c. Oral appliance is acceptable for extremely mild cases.
- III. Unacceptable treatments include:
 - a. Tennis balls in sleep shirts
 - b. Weight loss only
 - c. Stimulant medications
- IV. Suggested protocol for MWT:
 - a. The FAA requires drug screen to ensure no stimulants are utilized & this screen should be addressed in the MWT report (include results of laboratory testing).
 - b. The MWT consists of four forty-minute test periods typically at two hour intervals.
 - c. Patients should be monitored in the standard polysomnographic manner (central and occipital EEG, digastric EMG, and eye movement recorder).
 - d. Patients be dressed and sitting semi-recumbent on a bed in a dark room.
 - e. Patients are asked to remain awake, but not to use extraordinary measures such as face slapping or singing.
 - f. The endpoint of each test period is either a sleep or the end of the forty-minute time period. The patient is then asked to stay awake until the next test period.
- V. Physician summary and recommendations (please reference the checklist sent by VFS):
 - a. This clinical narrative should be current within the last 60 days once all evaluations completed.
 - b. It should clearly address your initial presentation, evaluation, results of evaluation, treatments including medications and dosages, response to treatment, current physical status with specific mention of any physical limitations, presence or absence of any excessive daytime fatigue, presence or absence of any obvious cognitive deficits, and future prognosis with emphasis on potential for sudden or subtle incapacitation. If CPAP or oral appliance treatment, comment on compliance.