

# AMAS®

## Aviation Medicine Advisory Service

FAA Medical Expertise -- Our Physicians...Your Solution!

### Quarterly Aeromedical Newsletter

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Please address all correspondence to:

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

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## FAA Aeromedical Policy Update



**FAA Policy & Personnel Update - On March 22, 2012**, the FAA announced a final rule in the Federal Register, pp 16664-8, docket #FAA-2012-0056, proposing to eliminate the requirement for pilots holding Special Issuance medical certificates to have to carry the SI letter with them when flying. They would only have to carry their medical certificate. AMAS fully supports this rule as it will eliminate a potential for violation of a pilot's medical privacy by non-medical personnel. If no adverse comments are received by the FAA, this rule will become effective July 20, 2012.

**AOPA Pilot article** - A recent article in AOPA Pilot Magazine contained a story of an airman that was fined \$5,000 for failing to return their medical certificate within the timeline specified by the FAA. In fact the airman was given 10 days, but took 26 days before returning the medical. The NTSB would not overturn the fine and in fact the airman could have been fined \$17,600 or \$1,100 per day over the deadline. While this case is unusual, all could have been avoided if he had proactively sought advice up front when he first received the FAA letter requesting additional information. AMAS physicians are always available to assist you in dealing with similar situations.

**New CAMI Manager of Aeromedical Certification** - Dr. Courtney Scott was recently confirmed as the permanent replacement for Dr. Silberman as the Civil Aerospace Medical Institute (CAMI) Manager of Aeromedical Certification. The physicians of AMAS have a long professional relationship with Dr. Scott, and note that he has always been a staunch supporter of aviation safety and aircrew health. We look forward to many years to come working with Dr. Scott and the rest of his clinical team.

**Changes in FAA guidelines** - There is good news for those airmen flying under the newer FAA guidelines for a Special Issuance for ongoing use of certain antidepressant medications. In the future, to renew these "waivers" the FAA is willing to accept annual CogScreen AE testing in lieu of the more expensive and time consuming full psychological testing battery.

**Farewell** - AMAS bids farewell to Dr. Larry Wilson, the former Central Regional Flight Surgeon, who has retired after years of FAA service.

## President's Corner



### **Medical NextGen? Modernization of ATC Medical Standards - Collaboration at its Best**

**Quay C. Snyder, MD, MSPH**

On April 16, 2012 the Federal Aviation Administration and the National Air Traffic Controllers Association announced the pending implementation of FAA Order 3930.3b, Medical Standards for Air Traffic Controllers. This was a culmination of years of research, cooperation and hard work on all parties' parts. The previous Order had been in place for over 30 years and was based on now antiquated medical knowledge and testing capabilities. Although the Federal Air Surgeon's office has updated policies in the interim, the new Order formalizes many of those policies in substantial ways. Not only does the new Order reflect modern medical diagnostic capabilities and standards, but it also addresses organizational and procedural changes within the Agency.

The new Order brings Air Traffic Control Specialist (ATCS) medical standards in close alignment with those of airman medical standards found in 14 CFR 67 and the Guide to Aviation Medical Examiners. Some minor areas of variation exist when dictated by safety and specific job requirements. Many pilots are not aware that ATCS's are required to maintain medical qualification nearly identical to those of airmen. In some cases, the ATCS requirements are more stringent, particularly in the areas of vision and hearing. ATCS's must be able to operate and quickly assimilate information from a multitude of modern multi-color air traffic displays while listening to several frequencies simultaneously with voice communications among controllers in the ATC facility. ATCS's are also required to report any medical visit between FAA medical exams promptly to their Regional Flight Surgeon or facility manager.

Pilots are faced with a more austere physiological environment with dry, low pressure, reduced oxygen cabin air environment, the relative inability to get out of the cockpit quickly, turbulence and a host of "on-the-job site" differences. Airman standards are more stringent with respect to cardiovascular and pulmonary diseases and endocrine diseases such as diabetes.

The Office of Aerospace Medicine's efforts and internal FAA coordination was led by Dr. Nicholas Lomangino, working closely with FAA representatives from the Air Traffic Office, Human Resources, and the Office of General Counsel which includes Mary Sherer and Elizabeth Head, Esq. NATCA's efforts were led by Regional Vice Presidents Victor Santore and Phil Barbarello, with Jennifer Hayward and Barry Krasner from the headquarters, and Don Chapman with Jay Barrett from the field working on the project. Dr. Phil Parker and I had the pleasure of working closely with NATCA representatives and Dr. Lomangino in a series of meetings and communications over the last several years to help create, revise and finalize the new Order. The cooperation was remarkable and highly productive.

I am hopeful that further cooperation based on mutual interests and solid scientific evidence will lead to more improvements in ATCS medical programs. The remarkably successful and widely praised HIMS program which educates pilots, airlines and health care providers on the safety and health compromising aspects of drug and alcohol abuse and dependency in pilots, may become a possibility for Air Traffic Controllers, maintenance personnel and cabin crew members. The disease is omnipresent and its adverse effects on safety can be effectively addressed in all aviation professional groups.

Congratulations to NATCA and the FAA on a tremendous success. Next Gen has arrived in the medical world!

***Fly Safely, Stay Healthy!***

***Quay Snyder, M.D.***

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## Airmen & Controllers - "Ask the Doc"



**Question:** *A sleep study showed I have mild sleep apnea and my doctor has prescribed a breathing machine to wear at night. I've never been sleepy during the day, so am I okay to continue to fly?*

**Answer:** To answer your question, the FAA considers any degree of Sleep Apnea disqualifying and requires a Special Issuance Authorization, or waiver, before returning to flying once you document successful treatment and no daytime sleepiness. The FAA policy is likely based on the fact that sleep apnea can result in increased risk for cardiovascular problems including sudden death. Hypertension is a much more common finding. There can also be subtle neurocognitive deficits that are not easily detected. Fortunately, the effects are reversible with successful treatment such as CPAP (breathing machine), a dental appliance, or surgery.

The standard test the FAA uses to assess daytime sleepiness is often the Maintenance of Wakefulness test (MWT). In your case, if you have adequate CPAP compliance data, you may not be required to complete the MWT. The FAA generally wants to see that you use the machine 75% of nights and average 6 hours usage or greater on the nights you wear the machine. You typically will also require a follow up sleep study following any intervention to show that the treatment is effective. Once you document successful treatment and no daytime sleepiness, you should have no difficulty getting Special Issuance to return to flying.

Although we don't have specific details, we have heard that the FAA will be coming out with an updated policy for sleep apnea in the near future. Continue to check our web site and this newsletter for updates.

**Question:** *During a recent visit to my ophthalmologist, she noted a slight increase in my intraocular pressure. She indicated this is a sign of early glaucoma, which may require treatment in the future. What is the FAA current policy regarding flying or ATCS duties with the diagnosis of glaucoma?*

**Answer:** Airmen and controllers medically treated for increased intraocular pressure are usually required FAA clearance with a waiver to return to aviation duties. For airmen, this waiver is a Special Issuance and for controllers it is called Special Consideration. Continued medical certification depends primarily on the status of the ophthalmologic condition. An individual whose ocular pressure can be controlled while maintaining required visual acuity and normal fields of vision, are generally certified for all classes. Once treatment begins, the FAA must be provided with evaluation and treatment information. FAA form 8500-14 (Ophthalmological Evaluation for Glaucoma) must be completed and forwarded to Oklahoma City or the Regional Flight Surgeon's Office and must typically be accompanied by visual field testing to ensure there is no damage to the optic nerve. The FAA will require periodic follow up which can usually be provided to the AME during the routine FAA physical examination.

## Medication Update

**Blood Thinner Update** - The FAA continues to approve aspirin, warfarin, lovenox and plavix as "blood thinning" or "antiplatelet" medications typically with waivers for the underlying condition. Several newer therapeutic agents frequently used to combat clotting issues (Pradaxa and Xarelto) are not currently acceptable.

## AMAS News



**Women in Aviation International Conference, March 2012 -- Dallas, TX** Dr. Phillip Parker and Dr. Paula Corrigan were invited to attend the 2012 Women in Aviation International (WAI) annual conference in Dallas, Texas in March. Dr. Parker hosted a forum on the dilemma facing many General Aviation airmen on whether or not they should risk their Sport Pilot flying ability in an attempt to maintain their third class medical. AMAS physicians continue to serve as the aeromedical advisors to WAI.

**FAA Safety -- Colorado/Wyoming** Dr. Quay Snyder was awarded the FAA's Colorado/Wyoming FAA Safety Team Meritorious Service Medal for sustained educational efforts in aviation safety, aircraft operations and pilot health as an FAAST representative and Aviation Safety Counselor for the Denver FSDO.

**Flight Safety Foundation, 2012 -- San Antonio, TX** "Fitness for Duty: Balancing Safety, Health, Career & Fairness in the Flight Department" was the presentation topic for the Flight Safety Foundation/National Business Aviation Association 2012 annual Corporate Aviation Safety Seminar in San Antonio, TX given by Dr. Snyder. He also participated as a member of the FSF's Corporate Advisory Committee.

**Air Line Pilot's Association -- Washington, D.C.** Dr. Snyder presented information on "Laser Vision Hazards in Aviation" to an international symposium hosted by the Air Line Pilot's Association in Washington, D.C. Also presenting were the FAA Administrator, Congressmen, Department of Justice, manufacturers and law enforcement officers.

**Safety Stand Down Day -- Wichita, KS** The Cessna Aircraft Company held a Safety Stand Down Day in Wichita, KS for all of its test and demonstration pilots. Dr. Snyder spoke on current hot topics in aeromedical safety and certification.

**The Soaring Society of America --** Dr. Quay Snyder was recognized with a World Distance Award 20,000 km diploma for having flown solo cross country glider flights equivalent to half the distance around the world.

## 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!

**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 Director of Operations, Lawan Adkins at [ladkins@aviationmedicine.com](mailto:ladkins@aviationmedicine.com).

## 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, Medical Records Technician Amelia Chandler.



Amelia is pictured at far left with her three sisters and her dogs Timone, Penny and Frisco.

Amelia joined AMAS in August of 2011 as a medical records technician. She is originally from Issaquah, Washington, but has called Castle Rock, Colorado her home for fourteen years. She frequently visits all of her family in the Seattle area every year. Amelia has worked at a veterinary hospital, a healthy pet center, and a fine dining restaurant. She also spent a lot of her teen years volunteering with her youth group at church, including participating in five different mission trips. She went to Tijuana, Mexico to help build homes for underprivileged families, and Mississippi, Louisiana and Florida to help rebuild homes destroyed by Hurricane Katrina. She has also been to San Francisco to help out at soup kitchens for the homeless. Additionally, she has been helping her mother, a breast cancer survivor, run fundraising events for the Susan G. Komen Race for the Cure, which she and her family walk every year. In her free time, Amelia enjoys painting, spending time with friends and family, visiting her sisters in Fort Collins at Colorado State University, and hiking with her dog Timone.



Amelia with her sisters at the Race for the Cure.

### **AMAS Welcomes our New Client:**

Virgin America - March 2012

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

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