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Uncover the Mystery - FAA Medical Special Issuance and Waivers



Presented by Gregory A. Pinnell President of Airdocs Aeromedical Support Services





Gregory Pinnell, MD

- President of Airdocs Aeromedical Support Services, a multi-specialty group providing a variety of services to the aviation community.
- 20 years of aviation medicine experience and has been a pilot for 38 years with ASEL, IFR AND just over 2,000 hours total time
- Family Practice Physician and Senior Aviation Medical Examiner in Michigan.
- Chief Flight Surgeon and Commander for the 434th Aerospace Medicine Squadron at Grissom Air Reserve Base, Indiana.
- He serves as adjunct professor teaching Aviation Physiology and Human Factors at Western Michigan University College of Aviation.
- Board member Civil Aviation Medical Association (CAMA), AME and Consultant to the Federal Air Surgeon.





- Discuss normal issuance medicals vs. medicals which may require additional periodic medical documentation.
 - CACI Conditions AME's Can Issue
 - AASI AME Assisted Special Issuance
 - Special Issuance (SI) AME's cannot issue from the office
 - SODA Statement of Demonstrated Ability
 - LOE Letters of Evidence



- Talk about common medical conditions which student pilots present with which require workup
 - ADD/ADHD Attention Deficit (Hyperactivity)
 Disorder
 - Depression or Anxiety Disorder requiring treatment
 - Obstructive Sleep Apnea
 - Coronary Artery Disease
 - Diabetes
 - Color Vision





What regulations guide FAA medical standards:

14 CFR 67 overall guidance

General Guidance to allow for individual instances

Specific conditions continually evolving

Updated monthly as medical information evolves

Guided by risk tolerance and generally by clinical practice





Other Notable CFR's:

CFR 61.53 – Prohibition on operations during medical

Deficiency

- (1) Knows or has reason to know of any medical condition that would make the person unable to meet the requirements for the medical certificate necessary for the pilot operation; or
- (2) Is taking medication or receiving other treatment for a medical condition that results in the person being unable to meet the requirements for the medical certificate necessary for the pilot operation.

This is where IMSAFE is an important tool (Illness, Medications, Stress, Alcohol, Fatigue, Eating)





Other Notable CFR's:

91.17 Alcohol or drugs.

- (a) No person may act or attempt to act as a crewmember of a civil aircraft
- (1) Within 8 hours after the consumption of any alcoholic beverage;
- (2) While under the influence of alcohol;
- (3) While using any drug that affects the person's faculties in any way contrary to safety; or
- (4) While having an alcohol concentration of 0.04 mg/mlor greater in a blood or breath specimen. Alcohol concentration means grams of alcohol per deciliter of blood or grams of alcohol per 210 liters of breath.





1st Class Medical Certificate – Duration 1 year under age 40, 6 months afterwards.

2nd Class Medical Certificate – Duration 1 year at any age

3rd Class Medical Certificate – Duration 5 years under age 40, 2 years afterwards

All are familiar with scheme on how the medicals drop down to lower class





In general the Aviation Medical Examiner (AME) can do the following with the 8500-8 (Medxpress)

- 1. Issue normal duration certification with or with out limitations (time/vision/color restrictions)
- Seek help from FAA-AMCD or Regional Flight Surgeon on issuing while in office or within 14 days
- 3. Defer the examination to FAA for their decisionmaking
- 4. Deny the application (strongly discouraged)



Not all AMES are the same:

- approximately 2500 FAA trained
- various levels of experience
- various levels of desire to work with problematic medical certification
- in general a good idea to ask around to see who is willing to work with pilots
- certain services specialize in problem certification



Always a good idea to discuss what if any medical conditions a prospective student pilot may have prior to significant flight training

If concerns, contact your local AME or advocacy organization to start the medical process

Rarely, a medical or mental health condition will be incompatible with flight safety and will be disqualifying

Better to find out early before significant time and expense is wasted



Certificates AMES Can Issue (CACI)

- Took conditions which were Special Issuance and had to be initially issued by FAA and put the certification into the hands of the AME
- Generally requires medical documentation similar to what was needed for Special Issuance with exception
- Generally generates a normal duration certificate or at least one year
- Can devolve into a normal duration certification after time.

LIVE



Certificates AMES Can Issue (CACI)

ARTHRITIS

ASTHMA

BLADDER CANCER

BREAST CANCER

(C-ITP) CHRONIC IMMUNE THROMBOCYTOPENIA

CHRONIC KIDNEY DISEASE

COLITIS

COLON CANCER

LIVE



AASI - AME Assisted Special Issuance

- Designed to allow the AME to issue certificates over a block of years (60 months)
- Are medical conditions which used to be only SI
- Do require periodic medical documentation
- Do have a not valid for any class date limitation



AASI - AME Assisted Special Issuance

Current conditions under AASI (all classes):

| Arthritis and/or Psoriasis | Hypertension |
|--|---------------------------------|
| Asthma | Hyperthyroidism |
| Atrial Fibrillation | Hypothyroidism |
| Bladder Cancer | Lymphoma and Hodgkin's Disease |
| Breast Cancer | <u>Melanoma</u> |
| <u>Chronic Kidney Disease</u> | Migraine Headaches |
| Chronic Lymphocytic Leukemia | Mitral and Aortic Insufficiency |
| Chronic Obstructive Pulmonary Disease | Paroxysmal Atrial Tachycardia |
| Colitis (Ulcerative or Crohn's Disease) or Irritable Bowel Syndrome | Prostate Cancer |
| Colon Cancer | Renal Calculi |
| Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), and/ or Hypercoagulopathies | Renal Cancer |
| <u>Diabetes Mellitus - Type II Medication</u> <u>Controlled (Not Insulin)</u> | Sleep Apnea |
| Glaucoma | <u>Testicular Cancer</u> |
| <u>Hepatitis C</u> | |



AASI - AME Assisted Special Issuance

Current conditions under AASI (third class only):

- Coronary Heart Disease (CHD) (to include):
 - Angina Pectoris
 - Atherectomy
 - Brachytherapy
 - Coronary Bypass Grafting
 - Myocardial Infarction
 - Percutaneous Transluminal Angioplasty (PTCA)
 - Rotoblation
 - Stent Insertion
- Valve Replacement





AASI - AME Assisted Special Issuance

Notables:

- 1. Coronary Artery Disease is 3rd class only
- Hypertension is at the discretion of the AME and may not require documentation
- 3. Glaucoma can be tricky for the AME to interpret the results of the treating physician



Special Issuance Authorization (SI or SIA)

- In general cannot be issued by the AME without talking to someone.
- May have to be deferred if an initial application or if the condition has changed
- Lots of variability in documentation needed and its periodicity
- Can involve almost any medical condition of aeromedical significance





Special Issuance Authorization (SI or SIA)

- Specifically disqualifying conditions:
- Angina Pectoris, Bipolar Disorder, Cardiac Valve replacement, Coronary Heart Disease, Diabetes requiring insulin or medication, Disturbance of Consciousness, Epilepsy, Myocardial Infarction, Heart Replacement, Permanent Cardiac Pacemaker, Personality Disorder (significant), Psychosis, Substance Abuse or Dependence, Transient Loss of Nervous System functions without explanation

LIVE



Special Issuance Authorization (SI or SIA)

- Please note that many of these can be issued under special issuance
- Some can be "hard broke" conditions such as epilepsy, personality disorders
- All must be initially issued through FAA and subsequent issuances will need to be cleared through FAA
- FAA has ability to allow AME to issue next medical





Statement of Demonstrated Ability (SODA)

- Fixed defect not expected to change over time
- Examples:

Loss of vision in single eye

Cannot meet visual acuity standards one eye

Loss of a limb

- Issued a number with specific criteria for issuance and sometimes limited to a class





Letter of Evidence (LOE)

- Replaced SODA for Color Vision
- Requires Occupational Color Vision Test (OCVT)
- For 1st and 2nd class requires Medical Flight Test (MFT)
- Request for test is made through the Regional Flight Surgeon (RFS) office and administered through the FSDO.





Letter of Evidence (LOE)

- Student has to be profoundly color deficient to fail as a rule
- Lots of difference in light gun intensities
- Help the student know the colors and have knowledge of how the FSDO performs the test



ADD/ADHD

- Commonly seen and frequently over-diagnosed
- May or may not be Aeromedically significant (mild cases)
- Will require neuropsychological tests
- Cannot be on stimulant medication of any king
- CFI experience with the student is very helpful





ADD/ADHD

- May have mild levels of ADD/ADHD and still be able to gain certification
- May not be compatible with commercial aviation
- A good reason the hold on significant flight training until the case with explored fully



Depression/Anxiety

- Of significant concern to FAA (remember GermanWings?)
- Requires significant exploration from primary care and mental health professional
- 4 antidepressant (SSRI) medications allowed
- The medications may be allowed for some off label uses





Depression/Anxiety

- Will need at least 6 months on medication prior to certification attempt
- Will need to be monitored by the AME
- In some cases when medication is withdrawn the pilot may be issued a normal duration certificate
- In some cases the pilot may not be issued OFF medication





Obstructive Sleep Apnea

- Relatively recent SI
- Significant risk factor for other disease
- Medical documentation requirements pretty much mirror standard of care
- Recertification is simple with download, Physician's Statement and Compliance Statement





Coronary Artery Disease

- Usually involving stents or bypass surgery (CABG) to arteries which feed the heart
- Workup for certification is straight forward but may in some cases requires new stress test or even re-catheterization
- Sometimes becomes an insurance issue for some recurrent studies





Coronary Artery Disease

- Examples of this are:
- Re-catheterization for 1st/2nd class
- Yearly stress tests for all classes
- Generally can be worked around with cooperation from the treating physician or AME if they are willing to help





Diabetes Mellitus (DM) insulin or oral meds

- Very common diagnosis primarily but not always related to obesity
- Certification for all classes on oral medications straight forward
- Some pitfalls include poor control, certain combinations of medications or other end organ disease related to the diabetes





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Diabetes Mellitus (insulin or oral meds)

- 1st and 2nd class policy recently changed to allow insulin
- Workup for these classes most mirrors 3rd class
- Policy still in early stages and some certifications have been done
- Encouraging for young student pilots wanting professional career





Wrap up Tips

- Most conditions can be issued
- Still significant prospective students not flying due to mis/disinformation regarding medical standards
- Pre-planning/exploring the applicants medical history is vital to success (don't wait till the Ritalin bottle falls out of the student's pocket in the aircraft)





Wrap up Tips

- Do not have the student lie about their medical history as this can lead them to significant civil or criminal penalties (we have seen both)
- Recognize that you are doing the student a favor by vectoring them into a different career path if piloting is not the right way to go.
- There are other career paths in aviation which can be fulfilling





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FAA Medical Special Issuance and CACIS QUESTIONS?



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Save the Date!

Join us for next month's MentorLIVE, June 17th at 8:00 p.m. ET

Weather Training in the Cockpit Spring/Summer Focus

Presented by FAA representatives

Gary Pokodner, Randy Bass, Jason M Baker, Jenny
Colavito





Thanks for Watching!



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