



Federal Air Surgeon's Medical Bulletin



Vol. 47, No. 2
2009-2

Aviation Safety Through Aerospace Medicine
For FAA Aviation Medical Examiners, Office of Aerospace Medicine Personnel,
Flight Standards Inspectors, and Other Aviation Professionals.

U.S. Department of Transportation
Federal Aviation Administration

HEADS UP



- 2 EDITORIAL: MIDSECTION COURSE CORRECTIONS
- 3 QUICKFIX: AME SEPARATIONS
- 5 ADULT IDIOPATHIC THROMBOCYTOPENIC PURPURA (CASE REPORT)
- 6 COLORECTAL CANCER (CASE REPORT)
- 8 RHABDOMYOLYSIS (CASE REPORT)
- 11 THE SURVEY SAYS...
- 12 AME SEMINAR SCHEDULE

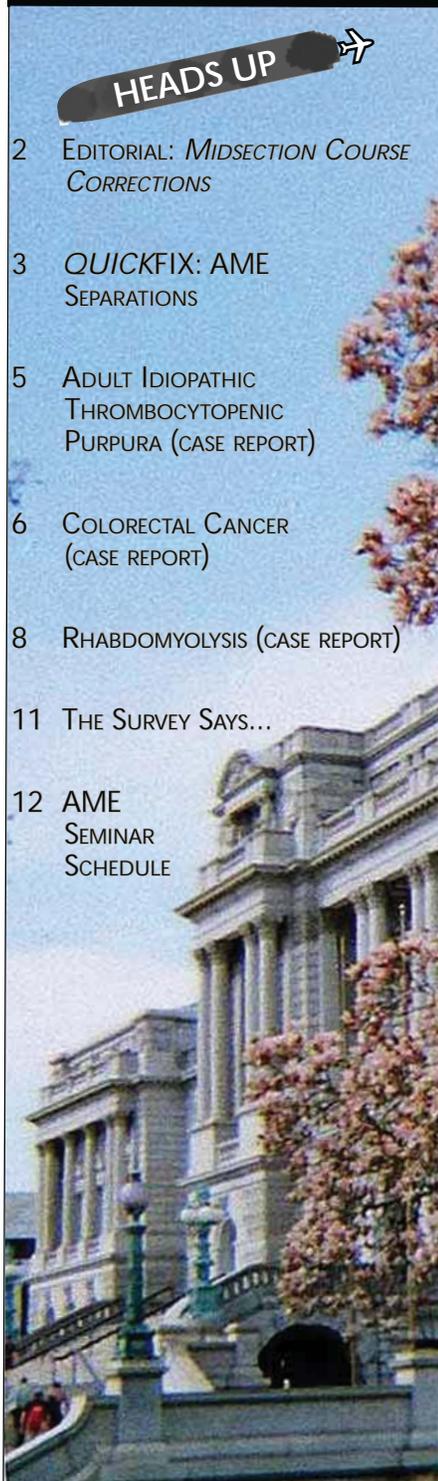


Photo by Susan Buriak

Certification Update

Information About Current Issues



By Warren S. Silberman, DO, MPH

Medical Certification Workshop for AMEs

WE HELD OUR FIRST Medical Certification Workshop for Aviation Medical Examiners in February 2009. The first group of senior aviation medical examiners (AMEs) arrived in Oklahoma City on Sunday and we

worked until Thursday afternoon. We worked actual cases from our Medical Review and Appeals Sections, discussed associated topics in medical certification, toured the Aerospace Medical Certification Division, got a feel for the movement of cases, and discussed ways to speed the work from AME offices.

Each attendee received a “peripheral brain,” generally reserved for Residents in Aerospace Medicine, and received 20 continuing medical education credits, along with credit for the AME training. All were authorized to work actual cases in the Document Imaging and Workflow System (DIWS).

Upon completion, they were better informed about the medical certification processes, the flow of casework, and the use of the DIWS.

Continued on page 4

QUICKFIX

By Dick Jones, MD

Transmission Tidbits

PROBLEM

APPARENTLY, THE WORD has not reached all AMEs that they need to electronically transmit examinations, not mail them, to the Aerospace Medical Certification Division (AMCD). We produce a monthly report for each region detailing the timeliness of all examinations done by every AME in their region. This report includes a column specifying if the examination was transmitted or mailed. The regions use this report to counsel AMEs who do not transmit all examinations or who are late in submitting examinations to us.

Occasionally, AMEs express surprise they are required to use the electronic system, particularly Military and International AMEs, despite the warning letters sent to them and the articles in this publication telling them to do so. We actually had a recent case of an AME, whose Annual Performance Report indicated several submission delays, trying to argue that it is our fault there were delays because she had mailed them to us and the delays were caused by the information not being entered quickly enough by us into the system! We established the electronic system precisely to eliminate such delays and because we have better uses for our scarce personnel than doing data entry, like processing cases to reduce delays further.

Continued on page 5

Certification from page 1

Another course will be scheduled for the July or late August time frame. If you are interested in attending a future medical certification workshop, please contact your Regional Flight Surgeon, as the attendance is first-come, first-served and the class size is limited to ten.

Now, let's practice making good certification decisions by reviewing three hypothetical cases.

1 A 32-year-old male has applied for a second-class medical certificate. He checked "yes" to Items 18.v and 18.w. Recall that 18.v now concerns arrests, convictions, or administrative actions for alcohol or drugs, and 18.w asks about nontraffic convictions. In taking his history, you illicit some candor from this prospective airman when he tells you that he has had two DWI (driving while intoxicated) convictions over a period of 17 years, the first citation was at age 15 for underage drinking. At age 17, he was arrested for robbery, when he and a friend stole a Nintendo game set and television from one of their classmate's homes, and at age 21, he was arrested for writing bogus checks.

The applicant tells you that he knows he does not have to inform you of this, but he has had five speeding tickets over the last five years. Finally, he tells you that, while he did have these "problems" when he was young, he has since matured, and now he really wants to take up flying as a career. Should you issue him a certificate?

ANSWER. No. The applicant may have a personality disorder manifested by overt acts and should be deferred. The FAA requires a psychiatric and psychological evaluation from such an applicant because we need neuropsychological test results and an evaluation by a psychiatrist to assess the applicant's mental state. We also need court documents from the arrests and



MEDICAL CERTIFICATION WORKSHOP ATTENDEES (L-R): Daniel Dietrich, MD (Omaha, Neb.), Wayne Barksdale, MD (Shreveport, La.), Richard Garrison, MD (Wright State University, Dayton, Ohio), Greg Ostrom (Elgin, Ill.), Robert Sancetta, MD (Boulder, Colo.) Peter Lambrou, MD (Pittsburgh, Pa.), Warren Silberman, DO (CAMI), Graeme McLaren (Australia), and Clayton Cowl, MD (Mayo Clinic, Rochester, Minn.).

a current driving record from all the states in which the applicant is licensed to drive. Finally, we will need a search of the National Driver Registry online records.

2 A 45-year-old male airman with 126 flight hours requests a renewal of his current third-class medical certificate. He reported having a DUI (driving under the influence) offense in 1982 when he was 18 and again in 1984. He attributed this to being young and careless and before he became an airman. He also now reports a DUI in 2008 and informs you that he did notify the FAA Security Division in Oklahoma City of the offenses. Under 14 Code of Federal Regulations Part 61.15(e), an airman must report within 60 days an "arrest," "conviction," or "administrative action" involving the use of alcohol or drugs. He even brought you the court documents from the recent offense. You note that his highest blood alcohol level was 0.18. Since the earlier offenses occurred more than 20 years ago, you issue him a clear third-class medical certificate. Was this issuance appropriate?

ANSWER: No. The FAA's policy is that three DUI offenses in a "lifetime" are grounds for deferral. This airman is considered to be alcohol-dependent until proven otherwise. He has probably driven an automobile while being impaired several times but has not gotten caught doing so. In cases such as this, an applicant should be denied. To gain medical certification, an applicant must obtain all the court documents for each offense, if possible, describe the circumstances of each offense, provide current driving records, and obtain a substance abuse neuropsychological evaluation and psychiatric evaluation. It is important for an applicant to clearly explain to the evaluators why the FAA insists on an evaluation; it is not sufficient just to say that "the FAA wants an evaluation."

3 A 61-year-old male airman applies for a medical certificate, and during the history portion of the examination, you note that he had checked "yes" to block 18.w. Again, recall from the above that this is the question that concerns "nontraffic convictions." In

Continued →

Dr. Silberman manages the Aerospace Medical Certification Division.

the space above block 19, the applicant wrote that he was once in prison for “murder.” You take a good history and learn that at the age of 30 he had robbed a jewelry store. In the robbery, the airman struggled with the jeweler, and his gun discharged, killing the merchant. The applicant was incarcerated for the crime, released at age 51, was paroled, and spent a year in a halfway house. He has been employed since being released from a halfway house. While in prison, he says he had read many books about flying and now wants to become a commercial pilot.

Rightfully so, you defer the issuance, telling the applicant that he will need to submit copies of the court documents, the results of any prison psychological evaluations, a letter of support from his parole officer, and perhaps one from his current supervisor. If the psychological evaluations do not demonstrate any psychological issues, he can gain medical certification.



Transmission from page 1

SOLUTION: All AMEs (including International and Military AMEs) are required to electronically transmit examinations to the FAA, and these must be available for our review by 14 days after they are begun!

Our most recent transmission delay report found that 1.2% of all examinations submitted were older than 60 days when entered into our system. Although this is a marked improvement from when this number was as high as 5.4% in 2003, *we have to get this number to zero* to be in compliance with 14 CFR, Part 67 and with International Civil Aviation Organization guidance. The Regional Offices will continue to use performance evaluation tools to detect AMEs needing counseling about transmitting and delays. Please, we need your cooperation.



Dr. Jones manages the FAA's Aerospace Medical Education Division.

Adult Idiopathic Thrombocytopenic Purpura

Case Report, by Alan John S. Delos Santos, MD

Idiopathic thrombocytopenic purpura (ITP) is a common bleeding disorder that is characterized by an autoimmune destruction of platelets (4). Its clinical course is variable but may cause a potentially life-threatening bleeding episode, leading to sudden incapacitation and adversely impacting aviation safety.

HISTORY

IN HER MEDICAL certification application, a 28-year-old female pilot gave a history of an acute onset of gum bleeding after brushing her teeth and a petechial rash that had started the previous day. A week earlier, she had an episode of flu-like symptoms. Concerned, she presented to her primary care provider to be checked. On physical examination, she had petechial rash over the lower extremities and a bruise over the right forearm; she did not have any lymphadenopathy or splenomegaly. There was no active bleeding in her oral mucosa. Laboratory work-up was significant only for a low platelet count of $30,000 \times 10^9/L$. Review of systems was remarkable only for fatigue and menorrhagia during her last period. The applicant did not report any family history of a hematological disorder, and she denied taking any medications.

AEROMEDICAL CONCERNS

The major aeromedical concern of ITP is the rare but potential episode of sudden incapacitation, possibly from an intracranial hemorrhage, in those patients with persistently low platelet counts. This risk is the greatest among patients over 60 years old and those with platelet levels of less than $10 \times 10^9/L$.

OUTCOME

The applicant was treated as an outpatient with a short course of high-dose steroids. She responded well to the treatment. After recovery, she applied again for a medical certificate. The applicant was advised to provide medical records from her doctor to the FAA

for consideration regarding her ITP. She was granted an Authorization for Special Issuance of a third-class medical certification for ITP, which was time-limited for 12 months. For renewal, the airman must provide a current status report from her physician and a CBC and platelet count. She was warned not to fly when her platelet count was below 40,000 and was advised to immediately report any changes in her condition to the FAA.

REFERENCES

1. Ahn YS, Horstman LL. Idiopathic thrombocytopenic purpura: Pathophysiology and management. *Int J Hematol* 2002; Supplement II, 76:123-31.
2. Cines DB, Bussel JB. How I treat idiopathic thrombocytopenic purpura (ITP). *Blood* 2005 Oct; 106(7):2244-51.
3. Cohen JC, Djulbegovic B, Shamai-Lubovitz O, Mozes B. The bleeding risk and natural history of idiopathic thrombocytopenic Purpura in patients with persistent low platelet counts. *Arch Intern Med* 2000 Jun; 160:1630-8.
4. George JN. Management of patients with refractory immune thrombocytopenic purpura. *J Thromb Haemost* 2006; 4:1664-72.
5. Mathias SD, Gao SK, Miller KL, et al. Impact of chronic idiopathic thrombocytopenic purpura (ITP) on health-related quality of life: A conceptual model starting with patient perspective. *Health and Qual Life Outcomes* 2008 Feb; 6(13):13.

Continued on page 10