

**Hypertrophic Cardiomyopathy (HCM),
Hypertrophic Obstructive Cardiomyopathy (HOCM), or Idiopathic Hypertrophic Subaortic
Stenosis (IHSS)**

All Classes
Updated 06/24/2026

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A.</p> <p>Any history or suspected history (all classes)</p>	<p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> 1. A current, detailed Clinical Progress Note generated from a clinic visit with their treating cardiologist no more than 90 days before the AME exam. <i>It should include a summary of the history of the condition or diagnosis; current medications, dosages, and side effects (if any); clinical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up.</i> <p>It MUST include</p> <ol style="list-style-type: none"> a. Complete history detailing any family history of unexplained sudden cardiac death, and b. Any personal history of non-sustained Ventricular Tachycardia, or unexplained syncope. <ol style="list-style-type: none"> 2. Hypertrophic Cardiomyopathy 5-Year SCD Score: Documentation of a 5-year sudden cardiac death risk score (compiled using any clinically available risk calculator). 3. Echocardiogram (Echo) performed WITH Valsalva maneuver. Report and digital images from a 2-D and Doppler flow study performed no more than 90 days prior to the AME exam. Must include complete measurements and specific attention to maximal LV wall thickness, left atrial size, and maximal LV outflow tract gradient (rest vs. Valsalva). Submit the video resulting from this study on CD-ROM in DICOM compatible format. 4. Cardiac monitor. 72 hours minimum performed no more than 90 days prior to the AME exam. Note: Some cases may require a 30-day monitor. The report must include the data summary and representative EKG tracings. 	<div style="background-color: red; height: 20px; width: 100%;"></div> <p style="text-align: center;">DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p>Summarize findings in Item 60.</p>

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	<p>5. Maximal Exercise stress test (EST) performed no more than 90 days prior to the AME exam.</p> <p>Submit the report with worksheet and representative EKG tracings (to exclude CAD).</p> <p>STRESS TEST REQUIREMENTS</p> <ul style="list-style-type: none"> • Protocol: 3-minute Bruce treadmill test. Must complete Stage 3 (>= 9 minutes) and reach 100% predicted maximal heart rate unless medically contraindicated or prevented by symptoms or medication. • Medication: Stop beta-blockers, calcium blockers (Diltiazem/Verapamil), and digoxin for 48 hours before the test. If it is unsafe to stop, attach a doctor's note describing the contraindication. • Treadmill Not Possible: Provide a doctor's note to explain why and perform either bicycle ergometry (Must reach 100% max Heart Rate and greater than METS) or a Nuclear Stress Test (pharmacological stress radionuclide myocardial perfusion scintigraphy). • ECG Printouts Required: Full 12-lead taken at rest (supine and standing). 12 lead tracings + rhythm strips during each stage, at the end of each stage, at peak, and every minute during recovery for at least 5-minutes or until the tracings return to baseline level. Computer generated, sample-cycle ECG tracings or summary sheets are not acceptable. • Submit original printouts only (by mail or electronic upload). Faxes or photocopies are not accepted. <p>6. EKG (resting) performed no more than 90 days prior to the AME exam.</p> <p>7. Cardiac MRI performed no more than 12 months prior to the AME exam. Include report and actual digital images.</p> <p>8. Historical Medical Records</p> <ul style="list-style-type: none"> • Past Cardiac Care: Submit all prior heart evaluation and treatment records. Include records for any procedures (e.g., myomectomy, alcohol ablation, chordal realignment). • Operative Reports: Submit official operative reports for all past heart surgeries. (<i>If applicable</i>) • Advanced Imaging & Tests: Submit all prior test results and advanced imaging (e.g., Chest CT, MRI). Provide both the written reports AND the actual image files. <p>Note: once these records are reviewed, additional testing or information may be required.</p>	