HEAD INJURY or BRAIN INJURY

Concussion, Closed Head Injury (CHI), Open Head Injury, Traumatic Brain Injury (TBI)

All Classes

(Updated 08/28/2024)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Head injury ONLY **This means:** • **NO brain injury** • **NO concussion** • **NO neurological symptoms** **DO NOT use this row if the individual had any items listed in Row B, C, or D (e.g., brain injury, seizure, skull fracture.)**	If the AME can determine the condition was • **Head injury only (no brain injury)** such as superficial scalp injury or globe (eyeball/eye injury) and/or musculoskeletal injuries (facial/maxilla/ mandible fractures) that do not persist and do not rise to the level of even a mild concussion; • No neurological symptoms; and • No "mild concussion symptoms" such as headache, dizziness, nausea, or non-focal neurological symptoms such as photo/phonophobia, tinnitus, irritability, mental fogginess, etc., as a result of the injury. • If imaging (CT/MRI) was performed, no evidence of brain trauma. • Has completely resolved and the individual has been released to full activity by the treating physician: **Note: The AME should NOT use this row if any symptoms, concerns for concussion/brain injury, or any complications.** **If any concerns in history, the AME should review the most recent, detailed Clinical Progress Note describing the incident, recovery, and follow-up (if applicable).**	**ISSUE** Annotate this information in Block 60 including approximate mechanism and date of injury.
B1. Brain injury 5 or more years ago **This includes:** • **Concussion** (a type of mild brain injury) • **MILD brain Injury** As long as NO seizure* *Exception: An immediate impact seizure (within 24 hours of injury) can be reviewed using Row B criteria.) **Note:** High impact/ penetrating injuries (e.g., gunshot or severe	The AME should gather information regarding the diagnosis, severity, treatment, symptoms, and address **ALL** the questions on the Brain Injury Decision Tool for the AME. **If all items** on the decision tool **are in the clear, "NO column, the AME may:** **Note:** For a remote injury with no concerns, the most recent progress note is acceptable.	**ISSUE** Summarize this history, diagnosis, and annotate Block 60: "Discussed the history of BRAIN INJURY, no positives to screening questions, and no concerns." If any "**YES**" answers, any AME concerns, or unable to verify history – **DEFER**

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trauma) may present with few or no concussive symptoms. For high impact injuries, see **Row D.**		
B2. Brain injury Within the past 5 years **This includes:** • **Concussion** • **MILD brain Injury** • **Loss of Consciousness (LOC)** • **Alteration of Consciousness (AOC)** • **Post-Traumatic Amnesia (PTA)** ALL **<u>less than</u> 1 HOUR** AND • **No seizure** Exception: An immediate impact seizure (within 24 hours of injury) can be reviewed using Row B criteria. **Note:** High impact/penetrating injuries (e.g., gunshot or severe trauma) may present with few or no concussive symptoms. For high impact injuries, see **Row D** **Do NOT use this row if the individual had any items listed in Row C or D (e.g., brain injury, seizure, skull fracture)**	After a **6-month recovery period** obtain the following evaluation(s) and submit for FAA review: 1. A **current, detailed Clinical Progress Note** generated from a clinic visit with the treating physician **or neurologist no more than 90 days before** the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 2. **It must specifically include**: • Any evidence of seizure; • Any post-traumatic amnesia or mental fogginess (incomplete memory of the incident, does not recall the impact/crash, etc.) • Any post-concussive symptoms such as headaches, dizziness, irritability; • Any changes in vision; • Any focal deficit; • Any imaging performed and if (CT/MRI) was negative; • Any clinical indication for further brain imaging; initial CT head/face negative. 3. Records from any hospitalization(s) for this condition to include: • Admission History and Physical; • Hospital discharge summary. (Typically, the patient portal notes or After Visit Summary [AVS] printed from the electronic medical record are NOT sufficient for pilot medical certification purposes.); • Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists); • Operative/procedure report(s); • Pathology report(s);	**DEFER** Submit the information to the FAA for a possible Special Issuance

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	• Radiology reports*. The interpretive report(s) of all diagnostic imaging performed (CT scan, MRI, X-ray, ultrasound, or others); • Lab report(s) including all drug or alcohol testing performed; and • Emergency Medical Services EMS)/ambulance run sheet. • *DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records.* • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. **Note:** If any abnormalities noted, go to **Row C.**	
C. Moderate BRAIN Injury **This includes:** • **LOC, AOC, or PTA <u>1 to 24 hours</u>** • **Non-depressed skull fracture** • **Small parafalcine or tentorial subdural hematoma (resolved by MRI)** • **Small subarachnoid hemorrhage (resolved by MRI)** Any hemorrhage must be resolved on MRI. If the MRI shows signs of hemosiderin	After a **12-month recovery period** obtain the following evaluation(s) and submit for FAA review: 1. A **current, detailed neurological evaluation,** in accordance with the FAA Specifications for Neurologic Evaluation, that is generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. **It must specifically include** if there is (or is NOT) any concern or history of seizure(s). 3. EEG only if a seizure occurred and an EEG was obtained, submit results. EEG* Sleep-deprived and sleep awake state with activating procedures (with provocation) performed at the time of event or later. 4. A **Neuropsychological evaluation** that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the **treating**	**DEFER** Submit the information to the FAA for a possible Special Issuance

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deposition, go to **Row D.**	**neuropsychologist no more than 90 days before** the AME exam. **5.** **MRI brain** with hemosiderin-sensitive sequences (with contrast as clinically appropriate) performed any time after the event. • Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. **6.** Records from any hospitalization(s) for this condition to include: • Admission History and Physical. • Hospital discharge summary. (Typically, the patient portal notes or after visit summary [AVS] printed from the electronic medical record are NOT sufficient for pilot medical certification purposes.). • Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists). • Operative/procedure report(s). • Pathology report(s). • Radiology reports. The interpretive report(s) of all diagnostic imaging (CT scan, MRI, X-ray, ultrasound, or others) performed. For all imaging, submit the interpretive report(s) AND the actual images on CD in DICOM readable format. • Lab report(s) including all drug or alcohol testing performed. • Emergency Medical Services (EMS)/ambulance run sheet. • *DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records.* **7.** Progress notes from ALL clinic follow-up visits related to this condition.	

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	8. Other tests already performed or clinically indicated. **Note: Small parafalcine or tentorial Subdural Hematoma:** If asymptomatic and MRI 3-6 months after the injury shows complete resolution, FAA may consider after a 6-month recovery period. Submit the Evaluation Data in this row after the recovery period.	
D. Severe BRAIN Injury **This includes:** • **Blood in the Brain:** o Brain contusion o Intracranial bleed o Hematoma o Epidural hematoma o Subdural hematoma o Diffuse axonal injury • **LOC, AOC, PTA: <u>24 hours or more</u>** • **Depressed skull fracture** • **Penetrating head injury**	After a **five (5)-year recovery period** submit for FAA review: • All items in **Row B** **Note:** MRI, MRA/CTA, or electroencephalogram (EEG) studies **are required**. If not performed during the initial management or monitoring of the condition, **new testing must be obtained**. For all imaging, submit the interpretive report(s) AND the actual images on CD in DICOM readable format.	**DEFER** Submit the information to the FAA for a possible Special Issuance

LOC: Loss of Consciousness
AOC: Alteration of Consciousness
PTA: Post-Traumatic Amnesia