MULTIPLE SCLEROSIS (MS) All Classes (Updated 01/25/2023)

| DISEASE/CONDITION | EVALUATION DATA | DISPOSITION |
|-----------------------|---|---|
| A. Multiple Sclerosis | After a minimum of 6 (six) months of clinical and radiological stability, submit the following for FAA review: | DEFER |
| | A current, detailed neurological evaluation that meets <u>FAA Specifications for</u> <u>Neurologic Evaluation</u> generated from a clinic visit with the treating neurologist no more than 90 days before the AME exam. | Submit the information to the FAA for a possible Special Issuance. |
| | MRI brain with and without gadolinium performed no more than 90 days before the AME exam. | |
| | MRI cervical and thoracic spine with and without gadolinium (most recent, if already performed). | |
| | For each MRI 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. You may wish to retain a copy of all films as a safeguard if lost in the mail. | |
| | 4. Eye evaluation. A current, detailed Clinical Progress Note generated from a clinic visit with the treating ophthalmologist no more than 90 days before the AME exam. It must include a detailed summary of the history of any eye condition(s); current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. It must specifically include an interpretation of the visual field testing; Visual field testing (24-2 SITA standard) performed within the previous 90 days; and Optical Coherence Tomography (OCT), if performed. Supply the color draft and printouts. | |
| | A Neuropsychological (NP) evaluation that meets <u>FAA Specifications for</u> <u>Neuropsychological Evaluations for Potential</u> <u>Neurocognitive Impairment.</u> | |

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| | 6. Lab. The following testing, if already performed or clinically indicated: Rheumatological antibody screening (ANA, RF, Lyme titer); Cerebrospinal Fluid (CSF) testing; All evoked potential testing; and NMO antibody panel (such as anti AQP4, anti MOG) in cases with spinal involvement, optic neuritis, or concerns for NMO-SD. (Submit most recent test result.) | |
| | 7. Any other testing already performed or deemed clinically necessary by the treating physician. | |
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