

## NEURALGIA

### (Trigeminal Neuralgia, Post Herpetic Neuralgia)

All Classes  
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<b>A1. Post Herpetic Neuralgia,</b>  <b>Occipital Neuralgia</b>  Fully resolved  AND  off medications	If the AME can determine that the <b>Post herpetic or occipital neuralgia</b> <ul style="list-style-type: none"> <li>Has fully resolved;</li> <li>Medications have been discontinued; and</li> <li>Individual has no symptoms that would interfere with flight or safety related duties:</li> </ul>	<div style="background-color: green; color: white; text-align: center; padding: 5px;"><b>ISSUE</b></div> <p>Annotate this information in Block 60.</p> <p>If no AME explanation the individual may be asked to provide documentation.</p>
<b>A2. Trigeminal Neuralgia</b>  Symptom free and treatment completed  <b>5 or more years ago</b>  <b>AND</b>  did <b>NOT</b> require surgery, gamma knife, or other procedure	If the AME can determine that the <b>Trigeminal Neuralgia</b> <ul style="list-style-type: none"> <li>Fully resolved 5 or more years ago;</li> <li>Does not require any medication;</li> <li>Was never treated with surgery; and</li> <li>Individual has no symptoms that would interfere with flight or safety related duties:</li> </ul> <p>If the AME is unable to determine the above, request a current, detailed Clinical Progress Note from the treating physician. If medications are currently used, the AME should check with the <a href="#">Do Not Issue - Do Not Fly list</a>.</p>	<div style="background-color: green; color: white; text-align: center; padding: 5px;"><b>ISSUE</b></div> <p>Annotate this information in Block 60.</p> <p>If no AME explanation the individual may be asked to provide documentation.</p>
<b>B. Trigeminal Neuralgia</b>  Symptomatic, unresolved  OR  requiring treatment <b>within the past 5 years</b>	Submit the following for FAA review: <ol style="list-style-type: none"> <li>A current, detailed neurological evaluation that meets <a href="#">FAA Specifications for Neurologic Evaluation</a> generated from a clinic visit with the treating neurologist <b>no more than 90 days before</b> the AME exam.</li> <li><b>It must specifically include</b> medications prescribed for this condition. Include start and stop dates; dosages, and side effects (if any).</li> </ol>	<div style="background-color: red; color: white; text-align: center; padding: 5px;"><b>DEFER</b></div> <p>Submit the information to the FAA for a possible Special Issuance.</p>

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	<p>3. Imaging performed at any time after symptoms started:</p> <ul style="list-style-type: none"> <li>• <b>MRI brain</b></li> <li>• <b>MRA head</b></li> <li>• <b>Any other imaging</b> (such as CT, MRI, CTA, MRA, or cerebral catheter angiography/cath angio of the head) already performed.</li> <li>• Submit BOTH 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.</li> </ul> <p><b>Note:</b> If due to Multiple Sclerosis or other condition - see that section.</p>	
<p><b>C. Trigeminal Neuralgia</b></p> <p>Treated with surgery or gamma knife (ever)</p>	<p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> <li>1. Row B evaluation data</li> <li>2. Brain imaging performed AFTER the procedure.</li> <li>3. Hospital records. Include these specific hospital records for any hospitalization, surgery, or procedures related to this condition. <ul style="list-style-type: none"> <li>• Admission History and Physical (H&amp;P);</li> <li>• Emergency Medical Services (EMS)/ambulance run sheet (if applicable);</li> <li>• Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists);</li> </ul> </li> </ol>	<p><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance.</p>

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	<ul style="list-style-type: none"> <li>• Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) that can be printed from an electronic medical record are NOT sufficient for pilot medical certification purposes.);</li> <li>• Lab report(s) including all drug or alcohol testing performed;</li> <li>• Operative/procedure report(s);</li> <li>• Pathology report(s); and</li> <li>• Radiology reports. The interpretive report(s) of all diagnostic imaging (CT, MRI, X-ray, ultrasound, or others) performed.</li> <li>• DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records.</li> </ul> <p>For all imaging, submit BOTH 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.</p> <p><b>Note:</b> If the applicant has a large volume of records, it is recommended that they bring them to the exam so the AME can assist in determining what is miscellaneous and not needed by the FAA.</p>	