STROKE
Cerebrovascular Accident (CVA) or Transient Ischemic Attack (TIA)
All Classes
(Updated 04/26/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. All types Ever in lifetime OR TIA	**Required recovery period:** • Cortical stroke or TIA: **2-year recovery** • Sub-cortical stroke: **1-year recovery** **Note:** If the specific cause of a TIA or subcortical stroke is known and corrected (e.g., high-grade carotid stenosis fully treated or PFO with known acute venous clot fully treated), these may be considered on a case-by-case basis sooner than one year. Cortical strokes typically require a 2-year recovery period, regardless of cause. Once the **required recovery period has been met,** submit the following for FAA review: 1. A detailed neurological evaluation that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. **Brain MRI performed within the previous 12 months**. New imaging may be required after FAA physician review. • 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. 3. Hospital records from the event: • Admission History and Physical; • Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) printed from an electronic medical record are NOT sufficient for pilot medical certification purposes.); • Emergency Medical Services (EMS)/ambulance run sheet, if applicable; • Hospital consultant report(s) (e.g., neurology, cardiology, internal medicine, or other specialists); • Lab report(s);	**DEFER** Submit the information to the FAA for a possible Special Issuance

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	• Operative/procedure report(s), if applicable; • *Radiology report(s). The interpretive report(s) of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed. • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, and medication administration records. 4. Cardiac Monitor • TIA - Results of a current 30-day cardiac event monitor such as a Zio patch or implanted loop recorder (ILR). • If an implanted cardiac monitor was placed, OR if a cryptogenic stroke, submit a minimum of **six (6) months** of device reports. • If ILR is currently implanted, submit data from implantation to the most recent interrogation. 5. Any other testing below, if already performed. New testing should not be obtained for aeromedical purposes until requested by FAA physicians. (See note on next page regarding additional testing.) • *Imaging. Copies of all previous imaging such as CT, MRI, MRA, or other radiological tests; • Carotid ultrasound such as post procedure carotid endarterectomy. A carotid ultrasound is NOT acceptable in place of an MRA or CTA; • Transthoracic echocardiogram (TTE); • Cardiovascular Evaluation (CVE). (This may be found in hospital records as many are completed during the hospital stay.); • Stress test; and • Holter monitors performed since the event.	

ADDITIONAL TESTING: Due to the complex etiology of strokes, once the initial information (Row A) is reviewed by the FAA, the items below **may be** required on a case-by-case basis. Additional testing should not be obtained until requested by FAA physicians.

1. Neuropsychological evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the treating neuropsychologist. In some cases, such as very small stroke in non-eloquent area, this may be reduced or waived after FAA review.
2. A comprehensive hypercoagulopathy panel to include the following test results:
   - Factor V Leiden mutation
   - PT and INR
   - PTT
   - Antithrombin III
   - Protein S free antigen
   - Activated protein C level
   - Prothrombin (Factor II) G20210A gene mutation
   - Homocysteine level
   - Antiphospholipid antibodies:
   - Lupus anticoagulant
   - Anticardiolipin antibodies
   - Beta-2 glycoprotein antibodies

AASI for Cerebrovascular Disease (CVA/Stroke/TIA)

All classes
(01/25/2023)

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to re-issue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA; and
- **Annual current, detailed Clinical Progress Note** generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. It must include a detailed interim summary; current medications, dosage, and side effects (if any); physical exam findings; results of all testing performed; diagnosis; assessment and plan (prognosis); and follow-up.
  - It must **specifically describe** if there has been **any change** in symptoms, exam findings, or control of risk factors.
- **Brain MRI** (report with comparison to prior studies) **every 24-months**.

AME must defer and describe in Block 60 what item(s) caused the deferral if the neurologist evaluation or AME exam identifies any of the following:

- An interval change or worsening of the condition;
- New neurologic symptom(s), diagnosis, or episode - focal or non-focal including a new CVA/Stroke/TIA based on symptoms or imaging;
- Atrial fibrillation or atrial flutter - new onset or not previously reported;
- Bleeding which required medical intervention;
- New or not previously reported neurologic diagnosis or disqualifying medical condition or therapy;
- Physical exam changes identified by either the neurologist or AME; and/or
- Inadequate risk factor control - new risk factor identified OR inadequate control of known risk factors such as hypertension, hyperlipidemia, diabetes, smoking, hypercoagulable conditions, and/or obstructive sleep apnea.