

**Tremor**  
All Classes  
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p><b>A. Physiologic tremor</b></p> <ul style="list-style-type: none"> <li>• Not requiring medication</li> <li>• Not progressing</li> <li>• No functional limitations</li> </ul> <p><b>Note:</b> This is not a disease. It can be a normal physiological finding for the situation.</p>	<p>If the AME can determine the pilot has no symptoms that would interfere with flight duties:</p>	<p><b>ISSUE</b></p> <p>Annotate this information in Block 60</p>
<p><b>B. Essential Tremor</b> Treated with an acceptable medication.</p> <p><b>Note:</b> Previous term was “Benign Essential Tremor”</p>	<p>Follow the <a href="#">CACI – Essential Tremor Worksheet</a>.</p> <p>This requires a <a href="#">current, detailed Clinical Progress Note</a> from the treating physician.</p> <p>Acceptable medication for CACI is <b>NONE or a beta-blocker</b>. (All others go to Row C).</p> <p>If the pilot meets all CACI worksheet criteria and is otherwise qualified:</p>	<p><b>ISSUE</b> with no time limitation</p> <p>Annotate the <b>correct CACI statement</b> in Block 60 <b>and keep the required supporting information on file.</b></p>
<p><b>C. All others</b></p> <p>The diagnosis is suspect or uncertain;</p> <p>The individual is dependent on medication to be functional or requires a medication change;</p> <p>Assistive devices (such as weighted gloves, utensils) are used;</p> <p>Condition is clinically uncontrolled or disabling (limits any day-to-day function such as holding cup, handwriting, flipping switches, etc.); and/or</p>	<p>Submit the following to the FAA for review:</p> <ol style="list-style-type: none"> <li>1. 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>2. <b>MRI and/or CT of the brain</b> (the most recent test). <ul style="list-style-type: none"> <li>• Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root</li> </ul> </li> </ol>	<p><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance</p> <p>Annotate elements or findings in Block 60.</p>

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<p>dependent on medication;</p> <p><b>Note:</b> Most medication to treat tremor is not acceptable (e.g., gabapentin, mysoline [primadone]).</p>	<p>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>3. <b>Electroencephalogram (EEG)</b> performed no more than <b>12 months before</b> the AME exam. It must be sleep-deprived EEG: awake, asleep, and with provocation (hyperventilation, photic/strobe light).</p> <ul style="list-style-type: none"> <li>• Include any previous EEG(s) available for comparison.</li> <li>• Submit BOTH the final interpretive report(s) and the actual tracings (ALL pages) for any EEGs on CD.</li> <li>• The CDs of EEG recordings must have proprietary opening software that is compatible with Windows 10.</li> </ul> <p>4. <b>Other testing</b> already performed the treating physician for this condition</p>	

**Note:** If the tremor is due to a specific condition (e.g., Parkinson’s disease, multiple sclerosis, stroke, traumatic brain injury, etc.) - see that section.

If a deep brain stimulator (DBS) is in place - see that section.