



Certification Update

Information About Current Issues

By Warren S. Silberman, DO, MPH

THERE ARE FIVE medical conditions that an aviation medical examiner may issue an airman a medical certificate at the time of the examination:

- 1) hypertension
- 2) diabetes mellitus (controlled by diet)
- 3) kidney stone
- 4) duodenal ulcer
- 5) asthma

That is—if the airman provides the AME with the proper medical reports/testing. Here are five cases that demonstrate these conditions:

1 An 80 y/o applicant has decided to start flying lessons for his eightieth birthday. His only medical problem is hypertension, for which he is prescribed lisinopril and a small dose of hydrochlorothiazide. He has been hypertensive for 20 years. His AME informs him that, since he has been hypertensive for so long and is “controlled” (his BP was 180/80 at the time of his FAA examination), he does not need any testing and issues the applicant a medical certificate. Was this proper medical certification procedure?

Answer. No it was not. Even if a prospective airman has had a medical condition for a long time and is applying for FAA medical certification for the first time, the same testing is required as if the condition were brand-new! Also, this applicant had a BP in the AME’s office of 180/80. The maximum that one is permitted to have at the time of an FAA exam is 155/95. The AME should have repeated the BP, and if it

was still elevated beyond the standard, have required him to undergo a three-day BP check. If, after having morning and afternoon BPs for three days, the average of these pressures is less than 155/95, the AME may issue. For an “initial” hypertension evaluation, the applicant is also required to provide a cardiovascular status report that includes: a list of medications prescribed (and side effects, if any), immediate family history, and mention of any cardiac risk factors. The applicant should also provide a current (within the previous 90 days) lipid panel and fasting blood sugar. And, in the case of our 80 y/o applicant, serum potassium level, as he is taking a diuretic. A current 12-lead ECG is also required for this “initial” evaluation. A stress test is only required if the applicant relates a history of angina-like pain or has a significant cardiac risk factor profile. The AME may issue if the airman provides these test results, all findings are negative, and the BP is 155/95 or less in the AME’s office.

2 A 60-y/o airman who flies corporate jets desires a second-class medical certificate. He has developed diabetes mellitus, but fortunately at this stage, he manages to control his condition with diet. He goes to his AME, who annotates this on the FAA medical examination form. Being a “strict detail man,” the AME recalls the lecture that Dr. Silberman gave at the Basic Aviation Medical Examiner seminar and asks the applicant for a statement from his treating physician that explains how long he has had this condition and what diet was recommended. He also requested a current hemoglobin A1C level. The applicant provides this information (HgA1C level was 7.2), so the AME issues him an unrestricted second-class medical certificate. Was this the correct decision?

Answer. Yes, this was absolutely the way this type of diabetes treatment is to be managed by an AME!

3 A 30-y/o first-class airman is a flight instructor for a company that specializes in upset recovery training. He had passed a kidney stone three months ago after being seen in a local emergency room. He had a complete workup at the time. He had never passed a kidney stone before, but when he was admitted to the ER, he was writhing in pain, necessitating an intravenous injection of morphine sulfate. He was given a urine strainer and hydrocodone for analgesia; that evening, he passed a small stone. An X-ray performed in the ER revealed a stone in the distal LT ureter with some hydronephrosis. There were no other stones observed, and his serum calcium and uric acid studies were negative. The stone analysis was calcium oxalate.

The airman took the emergency room paperwork and laboratory results to his AME when he went for his FAA examination. The AME told him that he could not issue for this situation, but the airman, being a detail person, had gone into the Aircraft Owners and Pilots Association’s Web site, where he learned that if he provided a medical history showing that there were no other “retained kidney stones” and confirming that this was his first such event, he could be issued by his AME. When he showed the AME information that he had printed from the Web site, the AME issued him an unrestricted medical certificate. Was this a correct decision?

Answer. This AME was also correct; a solitary kidney stone that has passed, and with proof that there are no retained stones, can be issued by the AME—as long as the airman provides the proper documentation.

4 An airman had a history of a perforated duodenal ulcer that had required surgery just four months prior to presenting for his third-class FAA medical examination. The airman’s medical condition had resolved, with no further symptoms.

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He completed the medical history for the FAA medical examination and even provided the admission history, physical examination and discharge summaries, and a favorable letter from his treating surgeon. His current hemoglobin was 13.9 grams. The AME issued the medical certificate. Was this a correct decision?

Answer. No, it was not a correct issuance. An AME may issue only if the peptic ulcer has healed and is not in any way complicated. If the ulcer has perforated (as it was in this case), bled, or is cancerous, then one should defer to the Aerospace Medical Certification Division. We prefer an esophagogastro-duodenoscopy study to demonstrate that the ulcer has healed, but we will also accept an upper GI series.

5 A 20-y/o airman with a history of exercise-induced asthma applied for a first-class medical certificate. When he was initially diagnosed with asthma, he was seen in the local emergency room, when running at a high school track event had caused breathing problems. He was eventually seen by a pulmonologist, who diagnosed him with “exercise-induced” asthma. The applicant wrote this on his FAA medical examination form. His AME, who knew the FAA policy on asthma that is uncomplicated, made sure the applicant had a current status report from his pulmonologist. The report was favorable, so he issued a first-class medical certificate. Was this a correct decision?

Answer. Yes, it was correct. As long as an applicant is well-controlled on medications, the AME may issue an unrestricted medical certificate for asthma. All medications, with the exception of prednisone (or its equivalent > 20 mg. daily), are acceptable to the FAA for the treatment of asthma. *Well-controlled* means that the airman should not be making frequent emergency room visits or hospital stays and not

having an acute exacerbation at the time of the FAA medical examination.

Follow your *Guide*

Make sure you follow the guidance provided in this article and the *Online Guide for Aviation Medical Examiners* to avoid unnecessary deferrals. This will make your airmen happy when they depart your office with a medical certificate.



Normal ECG Variants

Give your technician or ECG provider a copy of this chart of normal variants.

- ▶ Sinus bradycardia rate between 50 and 59
- ▶ Sinus arrhythmia
- ▶ Wandering atrial pacemaker
- ▶ Low atrial rhythm
- ▶ Ectopic atrial rhythm
- ▶ Indeterminate axis
- ▶ First-degree atrioventricular block
- ▶ Mobitz Type I Second Degree AV block (Wenckebach phenomenon)
- ▶ One premature ventricular contraction or atrial contraction on a 12-lead ECG
- ▶ Incomplete RT bundle branch block
- ▶ Intraventricular conduction delay
- ▶ Early repolarization
- ▶ Left ventricular hypertrophy by voltage criteria only
- ▶ Low voltage in limb leads (may be a sign of obesity or hypothyroidism)
- ▶ Left Axis deviation less than or equal to -30 degrees
- ▶ ‘rSR’ in leads V1 or V2, ORS interval <0.12 msec
- ▶ R> S wave in V1 without other evidence of right ventricular hypertrophy

Three-Year Designations for AMEs

New Change Enacted

By Dick Jones, MD

We increased the duration of your designation from one to three years effective July 24, 2008. Each of you will shortly receive a new AME identification card from your region with a date calculated to be three years from the date of your last designation. There is no need to send anything back to us, just sign the new card and destroy the old one.

If you receive a card that is only valid for one year, don't panic, your revised three-year card will arrive soon. The next time your designation becomes due, we plan to have a streamlined electronic system that will eliminate all mailings. All you will have to do is electronically sign a statement similar to the one on the old re-designation form, and then print your new card. Hooray for progress!



Are You Inactive?

By Jana Weems

Recently, the Aerospace Medical Certification Subsystem (AMCS) support staff has received several phone calls from aviation medical examiners whose AMCS accounts have been suspended. An AME whose status is inactive will not be able to log on to AMCS.

An inactive AME (or a member of that AME's staff) attempting to log on to AMCS will be presented with a “Notice of Account Suspension.” If your AMCS account has been suspended, you will receive the following message:

Your account has been suspended: All AMCS accounts for AME number xxxxx are currently suspended. Please contact your FAA Regional Office representative for instructions on how to submit an FAA Application for Airman Medical and Student Pilot Certificate.

If you receive this error message in AMCS, you are no longer in an active AME status. You will need to contact the AME Analyst in your region to resolve this issue. For all other login issues, you may continue to contact the AMCS Support Staff.

