

TurboMedical

I HAVE BEEN ASKED to refresh your memory about how to manage a pilot who asks you to use a completed Aircraft Owners and Pilots' Association's (AOPA's) TurboMedical form in lieu of the Form 8500-8 or FAA MedXPress.

Several years ago, AOPA developed the *TurboMedical*. It allows airmen to complete the medical history side of the FAA Form. The form looks just like our medical form, except that there is no certificate number. AOPA encourages airmen who complete the *TurboMedical* form to take it to their AME. This is where some confusion may occur.

Some airmen are under the impression that a completed *TurboMedical* form is all the documentation that is required of them. However, *TurboMedical* by itself does not fulfill our requirements. If an airman asks you to accept the *TurboMedical* form, you can do so if you have them sign the *TurboMedical* form in your presence and also sign a blank Form 8500-8. You should then staple the two forms together and send them to us. Use the certificate number (GG-number) at the top of our form on the airman's medical certificate to transmit the examination data to the AMCD.

If, for some reason, the applicant refuses to sign a blank form, then the applicant must transfer the information from the *TurboMedical* to the actual FAA Form 8500-8. Please make sure you go over the medical history with the airman and personally ensure that all the blocks are completed!

You can avoid all of these hassles by suggesting to your airmen when they phone your office for an appointment to go online and participate in FAAMedX-Press (<https://medxpress.faa.gov>).

Consult When Necessary

Recently, I ran across an interesting case situation I'll share with you. A 50-year-old male airman requested a second-class medical certificate from his AME. During the examination, the AME discovered that the airman

Dr. Silberman manages the Aerospace Medical Certification Division.

Certification Update

Information About Current Issues



By Warren S. Silberman, DO, MPH

had a nodular mass in the cervical area and a possible enlarged cervical node. The AME referred the airman to an otolaryngologist, issued the airman a medical certificate, but did not call the Regional Medical Office or the AMCD for advice. Was this a proper certification action?

NO! The AME should have phoned either the Regional Medical Office or AMCD and asked for advice—or should have deferred the certification of the airman. If the AME had phoned us, we would have told the examiner to defer! As a footnote to this situation, nine months after being certified, the airman requested a special issuance for a diagnosis of squamous cell cancer of the neck with metastasis to the cervical nodes.

Do It Our Way

Another frequent problem is non-compliance with our request for a specific test or a particular way for a test to be performed. When we request a specific test, we want it done for good reasons!

A perfect example is when we request a maximal nuclear stress test. Our consultants prefer this type of test because the inter-hospital variability is predictable, and it is the more sensitive test for ischemia. Instead, when we request this test, we sometimes receive a pharmacologic nuclear stress or a stress echocardiogram.

During the pharmacologic nuclear stress test, the airman rarely reaches maximal exercise, and it is not as sensitive for demonstrating ischemia as the exercise test. Also, we rarely get an explanation as to why, when we asked for a maximal nuclear stress test, we

are provided an alternate. Physicians, nurses, and ancillary help are trained and familiar with the usual nuclear stress test.

Pharmacologic stress protocols are less familiar and more complex. The drug dose is calculated based on weight and must be placed into a pump device, which requires programming, and the procedure is more complicated. More importantly to your airmen, though, is that it is more expensive!¹ If your applicant has some sort of musculoskeletal problem, we may accept this test, but someone needs to inform us of this in writing.

To the FAA, a stress echogram must be performed a particular way when we request one. There is more inter-center variability in the performance of the actual test. Should a private pilot (third-class) have a stress echocardiogram, we will generally accept the results. However, it is our policy that we do not accept this test for first- or second-class airmen, unless our consultants request one.

Neuropsychological Tests

Neuropsychological testing has strict requirements. To make a certification decision, we rely upon specific tests that our consultants have recommended. If these procedures are not followed, the airman will be denied (under Chapter 14 Code of Federal Regulations part 67.113) for failure to provide the FAA the information that was requested.

Bottom Line

When further testing is required for certification, please explain to your airmen that there is a rationale for everything we request. Sending us old testing results, handwritten physician reports, incorrect tests, or even not providing a test because their treating physician did not feel it was necessary, will usually lead to a denial—and long delays for the airman while we correspond back and forth to obtain the correct documentation.



¹ Cerqueira, Manuel D. Pharmacologic stress versus maximal exercise stress test for perfusion imaging: Which, when, and why? *Journal of Nuclear Cardiology*; Vol 3, Supplement 6/November 1996, 1071 – 3581.