

PERSONNEL CHANGES

TWO PERSONNEL MOVES in the Aerospace Medical Certification Division will affect your interaction with us when you call in and request to speak to one of our physicians. Dr. **Arnie Angelici** has left to take on the position of the physician responsible for the air traffic control specialists in the Southern Regional Office.

Then, in early January 2012, Dr. **Roger Bisson** will retire to join his wife at Lakenheath AFB in the United Kingdom.

Both of these departures are going to result in a huge void in our Division. We currently are awaiting the list of eligible candidates for Arnie's position, and if there are several good candidates, we may be also able to hire someone to replace Roger as well. As you know, a significant training period will be necessary to bring the new physicians up to speed. Our regional associates will assist, but the loss of two physicians may result in some delays. Those of you who call on the (405) 954-4821 line, please bear with us. If you end up having to leave a voicemail message, rest assured that we respond in the order we receive them.

It will help if you have all the medical information for your airmen ready for our return call so we do not take up much of your time while you search for the answers to our questions. Thanks again for your constant understanding!

Dr. Silberman manages the Civil Aerospace Medical Institute's Aerospace Medical Certification Division.

CERTIFICATION UPDATE

Information About Current Issues



By Warren S. Silberman, DO, MPH

PRACTICE CASES

I am now going to pick up where I left off in the last *Bulletin* with more case vignettes.

1 THIS IS the initial visit to your aviation medical examiner office for an airman who is applying for a student pilot/medical certificate. He is a 46-year-old male with a history of HIV on antiviral therapy, with a single episode of pneumocystis carinii pneumonia, now seven months in remission. So, by definition, the airman has had an AIDS-defining illness. First question: Can you issue this airman a medical certificate prior to his departing your office? Next, would you need to provide anything to the AMCD for him to be considered for medical certification?

ANSWER: **HIV** ON antiviral medication with an AIDS-defining illness is a disqualifying medical condition. However, with favorable results and review by AMCD, the airman may be able to obtain an Authorization for Special Issuance. As the AME, you either must defer or obtain the required records and testing and phone the Regional Flight Surgeon or the AMCD for verbal permission to issue a waiver. If an airman with HIV has only one AIDS-defining illness they can be considered for medical certification after they have been six months in remission from the illness. In the case of this airman, he has been seven months in remission. To be considered, the FAA will need to see:

- An evaluation by a physician trained in managing such cases with current list of medications and mention of side-effects,
- A current HIV viral load,
- A current CD4+ lymphocyte count,
- Current CBC, FBS, and renal and liver function studies,
- If there has been a history of cytomegalovirus retinitis, a completed FAA Eye Form 8500-7, and
- Current COGSCREEN-AE or neuropsychological testing.

2 A 40-YEAR-OLD airman requesting third-class medical certification reports a history of passing a calcium oxalate kidney stone six months previously. He provides a report and films from a spiral CT scan of the kidneys that showed a 4-mm stone in the left lower renal pole. Can you issue the medical certificate?

ANSWER: **THE** airman has a retained kidney stone and cannot be issued by an AME. This will require an Authorization or waiver. It is unlikely that a stone in the lower pole will pass, but it does require a waiver. The AMCD needs to follow the retained stone with serial films to evaluate whether the stone moves or grows in size. This is a condition where AMCD can grant an AME-Assisted Authorization for Special Issuance where the AME may issue if nothing has changed.

3 A 50-YEAR-OLD female first-class pilot presents to your office for her current FAA medical examination. She relates a history of deep venous thrombophlebitis and even provides medical records. This occurred two months ago, after she drove cross-country to visit relatives. She was worked up for a hypercoagulable state and it was negative. She even had a repeat Doppler of her lower extremity that showed clearance of the clot. She remains on warfarin (Coumadin). There was no report of pulmonary embolus. Her physicians

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report that she is to remain on anticoagulation for another two months. She really would like her medical certification, as she needs to work. Can you issue the medical certificate?

ANSWER: THIS condition will require an Authorization. As the AME, you will need to obtain medical records, the X-ray or ultrasound results of the lower extremities, proof of a hypercoagulable workup, and as many INR levels they can round up.

4A PRIVATE pilot has a LASIK procedure, thinking that he will be able to ultimately not be required to wear corrective lenses. He does well post-operatively, not having any glare or halos at night. However, on his most recent eye examination, he is only able to correct to 20/50 in each eye near vision. He comes into your AME office for a third-class examination. What should you do?

ANSWER: As you know, it is always possible refractive surgery does not always provide the desired results. For third-class, you should know that an airman must see 20/40 in each eye separately to meet our vision standards. This person obviously does not meet our standards. The easiest (but not very helpful) approach is to defer the decision to the FAA. However, a “good AME” will tell the airman that he needs to provide a current FAA Eye Examination, if he had not already obtained one, for the purpose of getting certified after the refractive procedure. The airman will need to obtain a medical flight test from the Flight Standards Office to gain a medical certificate. The AME can call the regional office or AMCD to have them make the arrangements, or have the airman write the FAA and request the medical flight test. The AMCD will send the airman our permission to take the test.

5A SECOND-CLASS applicant checks “yes” to question 18v. This is the question that asks if the airman has ever had an arrest, any conviction involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug or any of the above to include an administrative action involving an offense which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program. Knowing that the FAA takes positive responses to this question very seriously, the AME questions the airman and finds out that he had been arrested for a DUI offense just two months before coming in for his FAA exam. What should you do?

ANSWER: UNDER our current policy, you may not issue until you have confirmed what the airman’s blood alcohol level was. Recall that a refusal is considered a positive and is an automatic deferral. You need to have the airman obtain the “police report” of the arrest. When you ask most airmen for the court documents, they will provide copies of the documents they were issued at the time of their court date. However, most of time these documents have nothing in them—especially the results of the blood alcohol testing. What we need is the report of the arresting officer: how the airman was detained, their reaction to the stop, and whether they refused to submit to blood alcohol testing (or the level when they did). If the level was 0.15 (or greater) or the airman refused to be tested, you are to defer. The airman will be required to obtain a current substance abuse evaluation. If the level was less than 0.15, you may issue. Keep in mind that you need to transmit the examination within 14 days. Remind the airman that in all such cases, they must separately notify the AMC-700 Security Division in Oklahoma City within 60 days of the above (regulation 61.15 (e)).



FAA Remembers Neal Nadler and James Garofalo—Pillars of the Aviation Community *AMEs Had Served (Combined) Nearly a Century*



Dr. Nadler



Dr. Garofalo

We observe the recent passing of two neighboring senior aviation medical examiners with parallel careers who had served many thousands of airmen on behalf of the FAA and celebrate their contributions: **Neal Nadler**, MD, and **James Garofalo**, MD, were aviation medical examiners with a combined total of 93 years. Each was an Air Force flight surgeon, and each practiced internal medicine, as well as aerospace medicine in the adjacent New Jersey counties of Essex and Morris.

A comment from Captain **Jayson Baron**, Airline Pilots Association International and Continental Newark Captain Representative, sums up Dr. Nadler’s standing among aviators: “Dr. Nadler was not only a huge friend to many Continental pilots, but also to countless other local airline pilots, from every airline imaginable, and additionally to a huge clientele of corporate and general aviation pilots. The best way to describe a visit to Dr. Nadler’s office was, well, ‘an experience.’ It was frequently a mix somewhere between a comedy club and a who’s who of who he knew in pilot land.”

Dr. Garofalo served in the U.S. Air Force as a pilot and flight surgeon, and he was also in the U.S. Coast Guard Reserve. He loved flying and was an active member of the Aircraft Owners and Pilots Association and the Experimental Aircraft Association.

Both will be missed by the aviation community they served.

—Contributed by *Mindy Zalzman*, Eastern Region Program Analyst, and *Harriet Lester*, MD, Eastern Regional Flight Surgeon.

Nadler photo credit: Courtesy of the Parsippany, N.J., Daily Record

Garofalo photo credit: FAA Photo by Carty Wilson, AME Surveillance Program Analyst