

Why does the ECG evaluation process take so long?

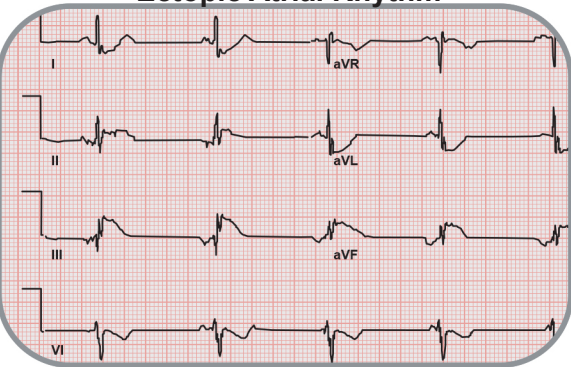
Many common ECG findings are normal variants and are not cause for deferment, unless the pilot is symptomatic or there are other concerns.

How do you identify ECG normal variants?

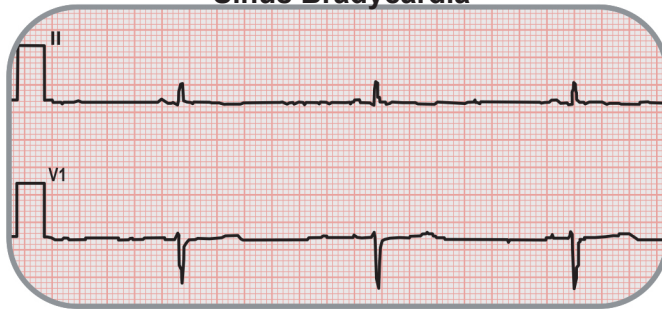
Let's look at a few examples.



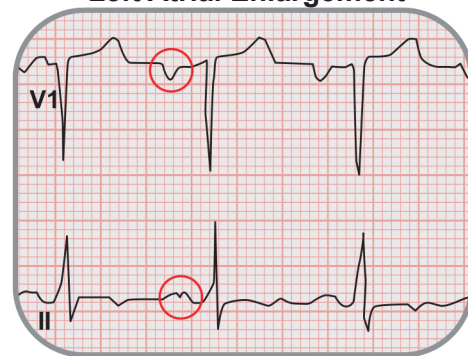
Ectopic Atrial Rhythm



Sinus Bradycardia

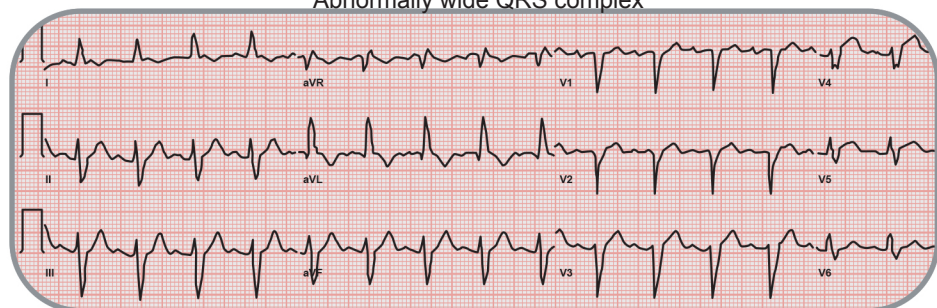


Left Atrial Enlargement

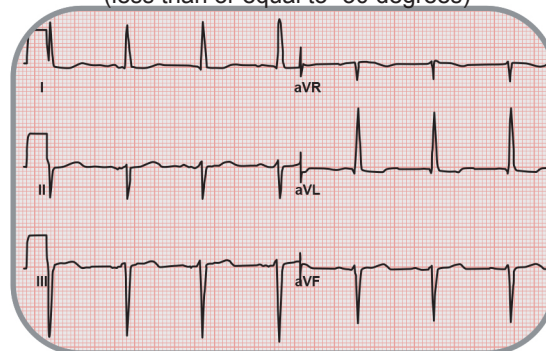


Intraventricular Conduction Delay (IVCD)
(Complexes do not appear like a Rt or Lt BBB)

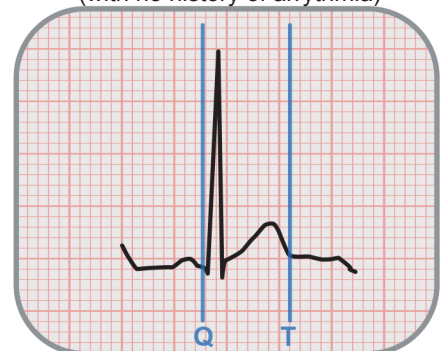
Abnormally wide QRS complex



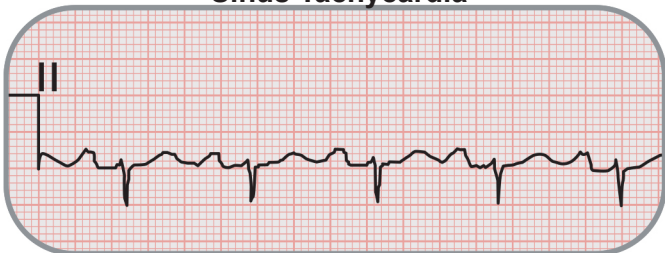
Left Axis Deviation
(less than or equal to -30 degrees)



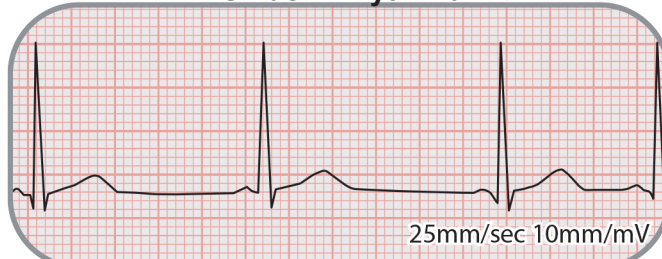
Short QT Interval
(with no history of arrhythmia)



Sinus Tachycardia



Sinus Arrhythmia



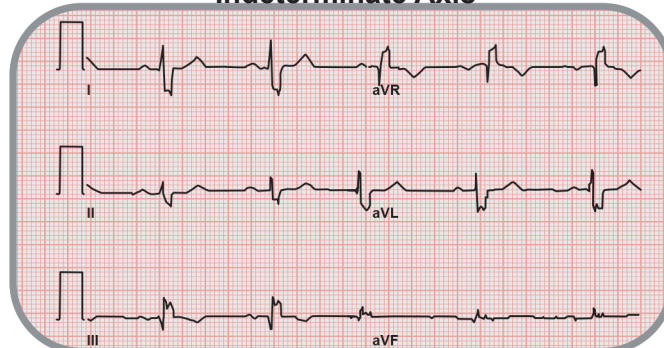
Wandering Atrial Pacemaker



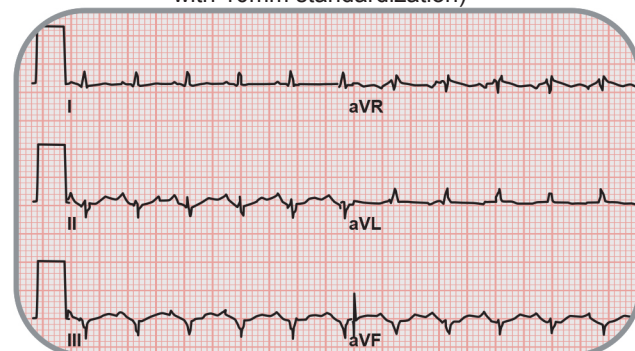
Early Repolarization
(Defined as appearance of a J wave on a normal heart beat pattern)



Indeterminate Axis



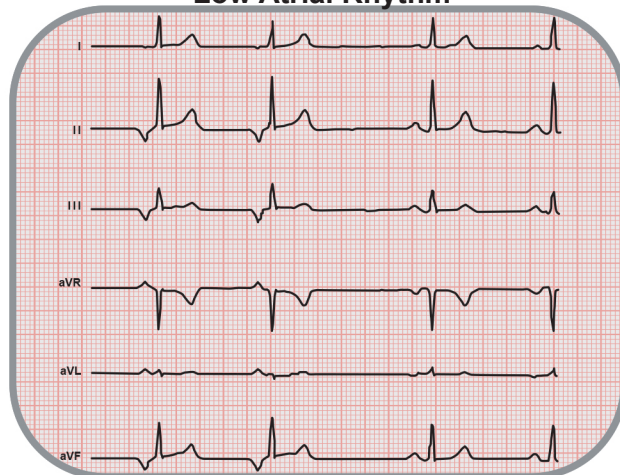
Low Voltage Electromotive Force
(Make sure the ECG is performed with 10mm standardization)



Single Premature Ventricular Contraction (PVC)



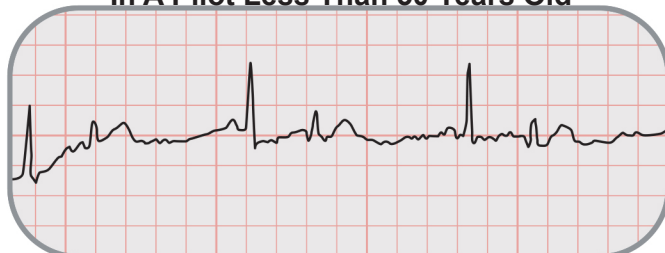
Low Atrial Rhythm



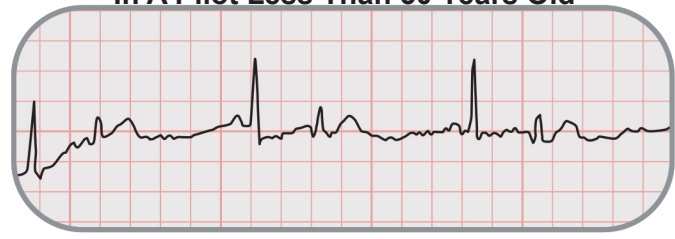
First-degree AV Block With PR Interval Between 0.21 and 0.29 Seconds



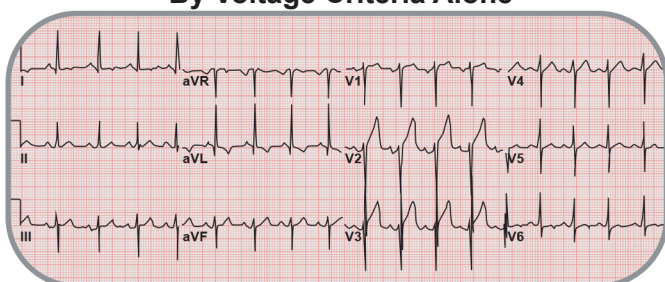
Two Or More Premature Atrial Contractions In A Pilot Less Than 50 Years Old



Two Or More Premature Atrial Contractions In A Pilot Less Than 50 Years Old



Left Ventricular Hypertrophy By Voltage Criteria Alone



Incomplete Right Bundle Branch Block (IRBBB)

