

HEAD INJURY

Concussion, Closed Head Injury (CHI), Open Head Injury, Traumatic Brain Injury (TBI)

All Classes
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A. Concussion (No brain injury)</p> <p>Mild Head Injury</p> <ul style="list-style-type: none"> • Loss of Consciousness (LOC); • Alteration of Consciousness (AOC); or • Post-Traumatic Amnesia (PTA) <p>ALL <u>less than 1 HOUR</u></p> <p>AND</p> <p>No seizure</p> <p>OR</p> <p>Immediate impact seizure (within 24 hours of injury)</p>	<p>After a 6-month recovery period obtain the following evaluation(s) and submit for FAA review:</p> <ol style="list-style-type: none"> 1. A current, detailed Clinical Progress Note generated from a clinic visit with the treating physician or neurologist no more than 90 days before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 2. It must specifically include: <ul style="list-style-type: none"> • Any evidence of seizure; • Any post-traumatic amnesia or mental foginess (incomplete memory of the incident, does not recall the aircraft impact/crash, etc.) • Any post-concussive symptoms such as headaches, dizziness, irritability; • Any changes in vision; • Any focal deficit; • Any imaging performed and if (CT/MRI) was negative; • Any clinical indication for further brain imaging; initial CT head/face negative. 3. Records from any hospitalization(s) for this condition to include: <ul style="list-style-type: none"> • Admission History and Physical. • Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) you can print from your electronic medical record are NOT sufficient for pilot medical certification purposes.). • Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists). • Operative/procedure report(s). • Pathology report(s). • Radiology reports*. The interpretive report(s) of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed. • Lab report(s) including all drug or alcohol testing performed. 	<div style="background-color: red; color: white; text-align: center; padding: 5px;">DEFER</div> <p style="text-align: center;">Submit the information to the FAA for a possible Special Issuance</p>

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	<ul style="list-style-type: none"> • Emergency Medical Services (EMS)/ambulance run sheet. • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records. <p>*Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail.</p> <p>Note: If any abnormalities noted, go to Row B</p>	
<p>B. Moderate Head Injury</p> <p>LOC, AOC, or PTA: <u>1 to 24 hours</u></p> <p>OR</p> <p>Non-depressed skull fracture</p> <p>OR</p> <p>Seizure - more than 24 hours after TBI or multiple seizures</p> <p>OR</p> <p>Small parafalcine subdural hematoma (resolved by MRI)</p>	<p>After a 12-month recovery period obtain the following evaluation(s) and submit for FAA review:</p> <ol style="list-style-type: none"> 1. A current, detailed neurological evaluation, in accordance with the FAA Specifications for Neurologic Evaluation, that is generated from a clinic visit with the treating neurologist no more than 90 days before the AME exam. 2. It must specifically include if there is (or is NOT) any concern or history of seizure(s). 3. EEG* Sleep-deprived and sleep awake state with activating procedures (with provocation) performed at the time of event or later only if seizure occurred. 4. A Neuropsychological evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the treating neuropsychologist no more than 90 days before the AME exam. 5. MRI brain (prefer with contrast if clinically appropriate) performed any time after the event. <p>Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail.</p>	<p>DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance</p>

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	<p>6. Records from any hospitalization(s) for this condition to include:</p> <ul style="list-style-type: none"> • Admission History and Physical. • Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) you can print from your electronic medical record are NOT sufficient for pilot medical certification purposes.). • Hospital consultant report(s) (such as neurology, cardiology, internal medicine, or other specialists). • Operative/procedure report(s). • Pathology report(s). • Radiology reports. The interpretive report(s) of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed. For all imaging, submit the interpretive report(s) AND the actual images on CD in DICOM readable format. • Lab report(s) including all drug or alcohol testing performed. • Emergency Medical Services (EMS)/ambulance run sheet. • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, or medication administration records. <p>7. Progress notes from ALL clinic follow-up visits related to this condition.</p> <p>8. Other tests already performed or clinically indicated.</p> <p>Note: Small parafalcine Subdural Hematoma If asymptomatic and MRI 3-6 months after the injury shows complete resolution, FAA may consider after a 6-month recovery period. Submit the Evaluation Data in this row after the recovery period.</p>	
<p>C. Severe Head Injury (Brain injury)</p> <p>Blood in the Brain Brain contusion Intracranial bleed Hematoma Subdural hematoma Diffuse axonal injury</p> <p>OR</p> <p>LOC, AOC, PTA:</p>	<p>After a five (5)-year recovery period submit for FAA review:</p> <ul style="list-style-type: none"> • All items in Row B <p>Note: MRI, MRA/CTA, or electroencephalogram (EEG) studies are required. If not performed during the initial management or monitoring of the condition, new testing must be obtained.</p> <p>For all imaging, submit the interpretive report(s) AND the actual images on CD in DICOM readable format.</p>	<p>DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance</p>

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p><u>24 hours or more</u></p> <p>OR</p> <p>Depressed skull fracture</p> <p>OR</p> <p>Penetrating head injury</p>		