STROKE
Cerebrovascular Accident (CVA) or Transient Ischemic Attack (TIA)

All Classes
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. All types Ever in lifetime OR TIA	**Required recovery period:** • Cortical stroke or TIA: **2-year recovery** • Sub-cortical stroke: **1-year recovery** **Note:** If the cause of stroke/CVA or TIA is known and corrected (e.g., high-grade carotid stenosis, fully treated, or PFO and fully corrected), the recovery period may be waived on a case-by-case basis. Sub-cortical or TIA with known cause may also be considered sooner than one year. Once the **required recovery period has been met** submit the following for FAA review: 1. A detailed neurological evaluation that meets FAA Specifications for Neurologic Evaluation generated from a clinic visit with the **treating neurologist no more than 90 days before** the AME exam. 2. ***Brain MRI performed within the previous 12 months**. New imaging may be required after FAA physician review. 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. 3. Hospital records from the event: • Admission History and Physical; • Hospital discharge summary. (Typically, the patient portal notes or after visit summary (AVS) printed from an electronic medical record are NOT sufficient for pilot medical certification purposes.);	**DEFER** Submit the information to the FAA for a possible Special Issuance

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	• Emergency Medical Services (EMS)/ambulance run sheet, if applicable; • Hospital consultant report(s) (e.g., neurology, cardiology, internal medicine, or other specialists); • Lab report(s); • Operative/procedure report(s), if applicable; • *Radiology report(s). The interpretive report(s) of all diagnostic imaging (CT Scan, MRI, X-ray, ultrasound, or others) performed. • DO NOT submit miscellaneous hospital records such as flowsheets, nursing notes, physician orders, and medication administration records. 4. Cardiac Monitor • TIA - Results of a current 30-day cardiac event monitor such as a Zio patch or implanted loop recorder (ILR). • If an implanted cardiac monitor was placed, OR if a cryptogenic stroke, submit a minimum of **six (6) months** of device reports. • If ILR is currently implanted, submit data from implantation to the most recent interrogation. 5. Any other testing below, if already performed. New testing should not be obtained for aeromedical purposes until requested by FAA physicians. (See note on next page regarding additional testing.) • *Imaging. Copies of all previous imaging such as CT, MRI, MRA, or other radiological tests; • Carotid ultrasound such as post procedure carotid endarterectomy. A carotid ultrasound is NOT acceptable in place of an MRA or CTA; • Transthoracic echocardiogram (TTE); • Cardiovascular Evaluation (CVE). (This may be found in hospital	

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	records as many are completed during the hospital stay.); • Stress test; and • Holter monitors performed since the event.	

ADDITIONAL TESTING: Due to the complex etiology of strokes, once the initial information (Row A) is reviewed by the FAA, the items below **may be** required on a case-by-case basis. Additional testing should not be obtained until requested by FAA physicians.

1. Neuropsychological evaluation that meets FAA Specifications for Neuropsychological Evaluations for Potential Neurocognitive Impairment from a clinic visit with the treating neuropsychologist. In some cases, such as very small stroke in non-eloquent area, this may be reduced or waived after FAA review.

2. A comprehensive hypercoagulopathy panel to include the following test results:
   - Factor V Leiden mutation
   - PT and INR
   - PTT
   - Antithrombin III
   - Protein S free antigen
   - Activated protein C level
   - Prothrombin (Factor II) G20210A gene mutation
   - Homocysteine level
   - Antiphospholipid antibodies:
   - Lupus anticoagulant
   - Anticardiolipin antibodies
   - Beta-2 glycoprotein antibodies