



Summer 2019 Newsletter

Gregory J. Hanker, M.D., AME

Welcome to this second installment of our new feature on SCAUWG.ORG presented by Aviation Medical Examiner - Gregory J. Hanker, M.D. – Dr. Hanker is an orthopedic surgeon practicing at the Southern California Orthopedic Institute in Van Nuys.

Dr. Hanker's primary goal as an Aviation Medical Examiner (AME) is to assist the local aviation community in obtaining their medical certification, especially complex cases where FAA special authorization may be necessary.

In my inaugural Spring Issue of the AMEPilot Newsletter I explained in detail how the airman applicant for their flight physical can make use of DISPOSITION TABLES contained within the Guide for Aviation Medical Examiners (AME guide). Recall that these DISPOSITION TABLES are used by your Aviation Medical Examiner (AME) to assess the airman's "aeromedical risk" for safe flying. Once a specific medical condition has been identified in the airman's medical history or during the flight physical, turning to the DISPOSITION TABLE for that specific condition gives both the AME and the airman guidance on how to proceed with the issuance of the medical certificate.

The Spring Newsletter discussed the medical certification process, and the importance of preflight physical preparation so that the airman's medical issues are addressed ahead of time thus allowing the AME to ISSUE the medical certificate rather than DEFER the issuance to the FAA Central office – AMCD (Aerospace Medical Certification Division) at the CAMI (Civil Aerospace Medical Institute) in Oklahoma City - often times a very lengthy process. Navigating through the DISPOSITION TABLE relevant to the airman's specific medical condition clearly displays the course of action that needs to be followed if the AME can issue the medical certificate.

I explained how the DISPOSITION TABLE, pertinent to an airman's specific medical condition, is constructed in a hierarchal fashion from low risk diseases/conditions to higher risk. As far as the AME is concerned, in most cases conditions with low aeromedical risk will only require a complete history and physical exam - i.e. the flight physical - and the medical certificate can be immediately ISSUED. On the other hand, diseases/conditions with increasing higher risk may require much more detailed

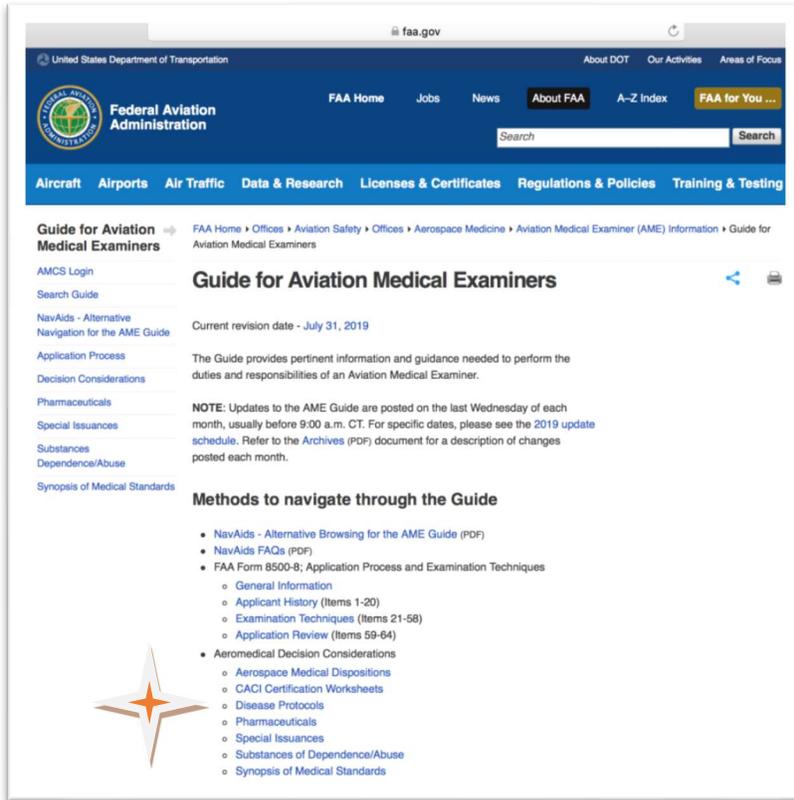
information and medical testing usually resulting in a DEFERRAL of the medical certificate to the AMCD. After a lengthy review a “special issuance” or waiver is usually issued. About 6% of airman applicant’s for medical certification will obtain a waiver with the “special issuance” medical certificate clearly delineating the medical requirements of the airman to maintain their medical certification. **Decision considerations as to ISSUE, DEFER or DENY the airman’s medical certification are based on the guidance provided by these DISPOSITION TABLES as well as DISEASE PROTOCOLS and CERTIFICATION WORKSHEETS (CACI).**

The key to a successful flight physical leading to the timely issuance of the airman’s medical certificate is to prepare before the actual flight physical with your AME. To aid in this preparation a second option, in addition to referencing DISPOSITION TABLES, is to access **DISEASE PROTOCOLS** published in the AME guide. In the AME guide the FAA publishes a list of DISEASE PROTOCOLS for a wide variety of medical conditions/diseases which outline the minimum expected medical information needed for that medical condition/disease.

Unlike the arduous process of finding the DISPOSITION TABLES in the AME guide the **DISEASE PROTOCOLS** are clearly represented on pages 229/230 of the current AME guide (as updated on 7/31/19).

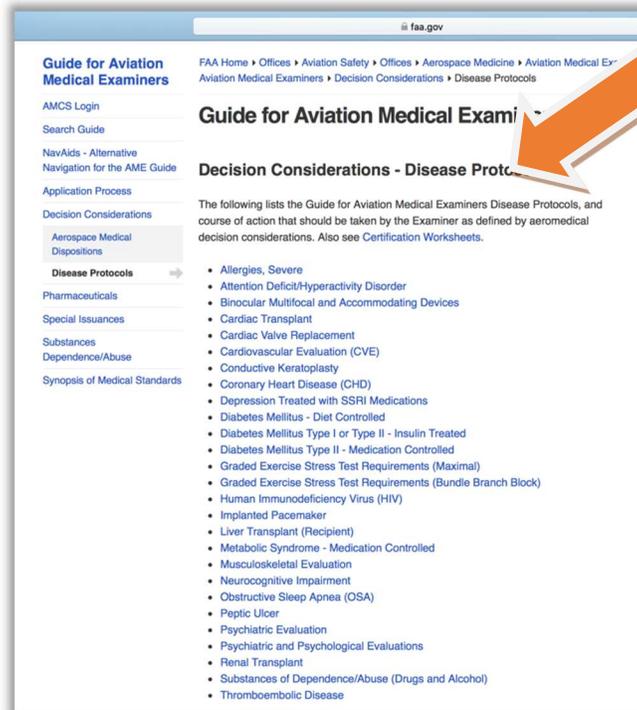
- Allergies, Severe
- Attention Deficit/Hyperactivity Disorder
- Binocular Multifocal and Accommodating Devices
- Cardiac Transplant
- Cardiac Valve Replacement
- Cardiovascular Evaluation (CVE)
- Conductive Keratoplasty
- Coronary Heart Disease (CHD)
- Depression Treated with SSRI Medications
- Diabetes Mellitus - Diet Controlled
- Diabetes Mellitus Type I or Type II - Insulin Treated
- Diabetes Mellitus Type II - Medication Controlled
- Graded Exercise Stress Test Requirements (Maximal)
- Graded Exercise Stress Test Requirements (Bundle Branch Block)
- Human Immunodeficiency Virus (HIV)
- Implanted Pacemaker
- Liver Transplant (Recipient)
- Metabolic Syndrome - Medication Controlled
- Musculoskeletal Evaluation
- Neurocognitive Impairment
- Obstructive Sleep Apnea (OSA)
- Peptic Ulcer
- Psychiatric Evaluation
- Psychiatric and Psychological Evaluations
- Renal Transplant
- Substances of Dependence/Abuse (Drugs and Alcohol)
- Thromboembolic Disease

They can also be easily located from the faa.gov website page on “**Guide for Aviation Medical Examiners**”.



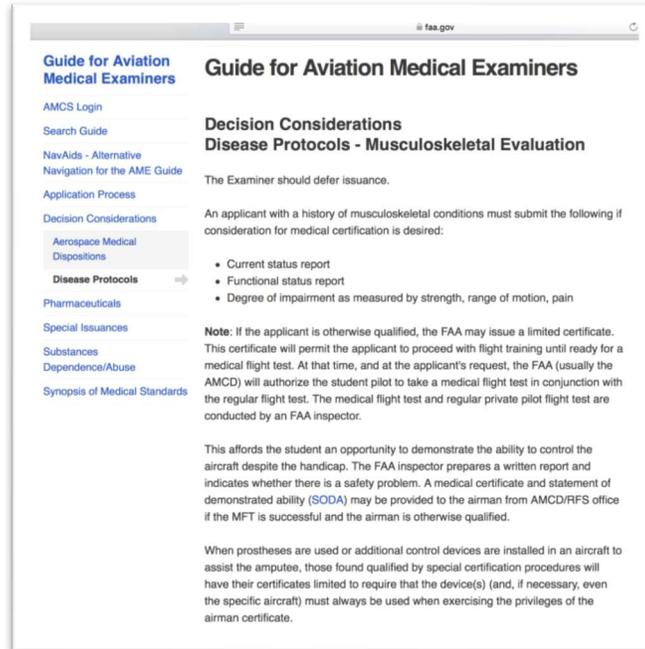
The screenshot shows the FAA website interface. At the top, there is a navigation bar with links for "FAA Home", "Jobs", "News", "About FAA", "A-Z Index", and "FAA for You ...". Below this is a search bar. The main content area is titled "Guide for Aviation Medical Examiners" and includes a breadcrumb trail: "FAA Home > Offices > Aviation Safety > Offices > Aerospace Medicine > Aviation Medical Examiner (AME) Information > Guide for Aviation Medical Examiners". The page features a sidebar with various links such as "AMCS Login", "Search Guide", "NavAids - Alternative Navigation for the AME Guide", "Application Process", "Decision Considerations", "Pharmaceuticals", "Special Issuances", "Substances Dependence/Abuse", and "Synopsis of Medical Standards". The main content area contains the title "Guide for Aviation Medical Examiners", the current revision date "July 31, 2019", a brief description of the guide's purpose, a note about update schedules, and a section titled "Methods to navigate through the Guide" which lists various resources like "NavAids - Alternative Browsing for the AME Guide (PDF)", "NavAids FAQs (PDF)", "FAA Form 8500-8; Application Process and Examination Techniques", and "Aeromedical Decision Considerations".

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The FAA publishes DISEASE PROTOCOLS to clearly outline the minimum expected medical information needed for a medical condition. **27** DISEASE PROTOCOLS are listed: from *Allergies* to *Valve Replacement*. Like the benefits I previously discussed in the Spring Newsletter regarding DISPOSITION TABLES, the DISEASE PROTOCOLS enable the airman applicant to self-navigate through the FAA's complex and overwhelming medical certification process. Referring to the pertinent DISEASE PROTOCOL the airman applicant can prepare well ahead of time for their flight physical. This can significantly expedite the FAA certification process thereby getting the pilot back in the air with the least amount of downtime. The guidance provided to the AME contained in these DISEASE PROTOCOLS also assists the decision consideration of ISSUE, DEFER or DENY - i.e. pass or fail the flight physical.

As an Orthopedic Surgeon I routinely care for patients with musculoskeletal conditions/diseases. Acting in my capacity as an AME, if the airman applicant for their flight physical presents with a serious musculoskeletal impairment/disability/handicap that could affect their ability to safely fly an airplane I would reference the DISEASE PROTOCOL on **Musculoskeletal Evaluation** to provide aeromedical decision considerations as to the course of action that should be taken by me as the Examiner for the airman's medical certification.



As an example, a young airman presents with a traumatic injury to his lower leg which resulted in a below-knee amputation. The airman currently wears a prosthesis which enables him to be fully functional: walking, jogging, bending, etc. On the flight physical examination there is a well-healed stump without discomfort, a well-fitting prosthesis and normal mobility of the leg with normal ambulation. Referencing the DISEASE PROTOCOL for **Musculoskeletal Evaluation** I am immediately instructed: “the examiner should defer issuance.” However, the airman applicant can prepare by previously reviewing this protocol and providing: current status reports from their Orthopedic/Physical Medicine Rehabilitation specialist indicating no impairment in strength, range of motion, or pain; normal functional status with their lower extremity prosthesis; and no medical issues with the healed lower leg amputation stump.

Therefore, according to the **Musculoskeletal Evaluation** DISEASE PROTOCOL this airman applicant is medically qualified for the FAA to issue a limited certificate. The airman will need to schedule a “medical flight test” with an FAA inspector and subsequently the inspector will prepare a written report to the AMCD indicating the airman’s ability to fully control the airplane despite their impairment/handicap. A medical certificate and a statement of demonstrated ability (SODA) will subsequently be provided to the airman from the AMCD/RFS office. The SODA is valid for an indefinite period or until an adverse change occurs that results in a level of impairment/disability/handicap worse than that stated on the airman’s SODA document. In this case, even though it was necessary to defer the medical certification to the AMCD, the airman applicant saved considerable

time in the application process by having all the necessary and required medical information and documentation ahead of time so that this entire flight physical packet could be sent off by his AME to the AMCD thus allowing them to make a much more timely decision.

Two more aeromedical decision considerations deserve further discussion as they are relevant to the medical certification process: first, **certification criteria worksheets** known as “**CACI**” (**Conditions the AME Can Issue**); and second, **Pharmaceuticals**. Both will be addressed in the Fall AMEPilot Newsletter, and I will use a common airman medical condition of **hypertension** to tie together the aeromedical decision process using all the available decision consideration resources we have discussed: DISPOSITION TABLES, DISEASE PROTOCOLS, CACI WORKSHEETS and PHARMACEUTICALS.

Good health and safe flying,
Gregory J. Hanker, M.D.
AMEPilot



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Dr. Hanker is a former USAF transport pilot who flew the C-9A Nightingale on aero- medical evacuation missions in Europe; an Ohio USAF Reservist flying the C-123 Provider while attending medical school; and currently a general aviation pilot flying out of Van Nuys Airport.

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