



SUMMER 2022 Edition

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In my last Winter 2022 Newsletter, the COVID-19 pandemic had begun to recede. Currently, hospitalizations are down in 18 states, with a 2% decrease in California: but up in 33 states. Since then, several new variants of the virus have emerged, and infections continue at a brisk pace.

As of last winter, 863,000 Americans died from COVID infection. Currently, the fatality count is 1,029,108 - indicating that over 160,000 more deaths have occurred in America. In California deaths average at 44 persons per day. Florida has the highest per day death count at 64, and Alaska the lowest at 0. In Los Angeles County there have been 32,826 deaths, with a current average fatality rate of 19 per day. On an average day in the USA, approximately 470 deaths will occur secondary to COVID. Still an astounding statistic! Close friends, coworkers, and family have contracted the disease - some with lingering symptoms. **It is imperative that we still maintain our vigilance as the COVID-19 infection is still with us.** The CDC is warning us that this Fall & Winter there will more than likely be an uptick in cases which is best prevented by vaccination and boosters.

The prospect of becoming a COVID “long-hauler” is still a very serious issue and is a potentially large burden on the American health care system. The post-COVID-19 syndrome, now formally labeled “**Post-Acute-Sequelae of SARS COV-2**” is a term used to describe the lingering bad clinical effects of COVID-19 which continue past 12 weeks after the initial acute infection. A variable percentage of infected people of all age ranges can become “long haulers”. Some researchers estimate as many as 20%. The reason is not yet known. And anyone infected with the virus has the potential to develop long-term symptoms even if they were not hospitalized or had a serious illness. Luckily, this risk is significantly decreased with vaccination.

A recent study on long-COVID from London, England found that the syndrome is not just one condition but is characterized by several subtypes.

Type 1: nervous system dysfunction to include “brain fog”, headaches and fatigue.

Type 2: respiratory system dysfunction to include shortness of breath, cough and chest pain.

Type 3: a diverse group of physical manifestations including heart palpitations, muscle aches and pains, and changes in skin and hair.

Type 3 was the most severe and debilitating group as it included multi-organ systems.

This is not good news for pilots as the “long haul” symptoms preclude flying. A pilot experiencing symptoms of fatigue, cognitive impairment/brain fog, respiratory, cardiac, and neurological complaints is significantly impaired and his or her career as an aviator may be compromised. Therefore, remain vigilant. It is imperative that we continue to protect ourselves from exposure to the virus. Use all available precautions as we have previously discussed in my Newsletters - vaccination with boosters, time, space, people, and place. Stay healthy!

The official FAA guidance on COVID-19 exposure, infection, treatment, and immunization remains unchanged since my last Newsletter. More information is available on the [FAA.GOV](https://www.faa.gov) website.

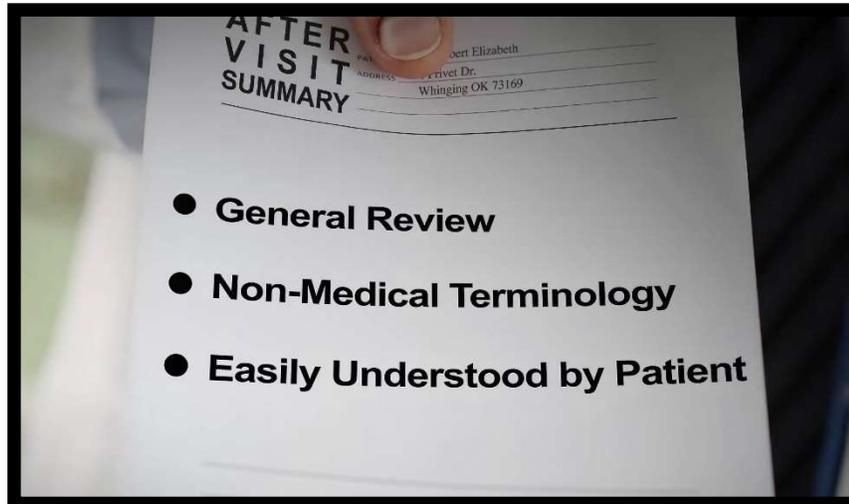
A recent FAA Policy Update that will affect a pilot’s medical certification process through the MedXPress 8500-8 application system is the introduction of the **DETAILED CLINICAL PROGRESS NOTE (DCPN)**.

Many aviators need to provide to their AME a Progress Note from their treating physician explaining their current medical status regarding a specific diagnosis so the AME can make an aeromedical decision to Certify, Deny or Refer to Oklahoma City/AMCD for a decision. If a pilot has a medical condition that may be potentially disqualifying, then the case must be reviewed by the FAA Oklahoma City/AMCD for approval, denial, or further testing. All Special Issuances, CACI, and many medical certification decisions are based on the Progress Note from the aviator’s physician who is providing medical care for their specific diagnosis.

Previously the FAA called this Progress Note a Current Status Report. The FAA’s Current Status Report is synonymous with what most Family Physicians know as an After Visit Clinical Summary. However, for FAA purposes this report must be detailed and describe clinical findings. What this means is that the FAA needs a complete summary of the aviator’s medical status which subsequently allows FAA physicians to understand the specific details of the pilot’s medical condition that is at issue for certification.

When a pilot sees their physician, the physician will often times prepare an “after visit summary” for the pilot; which is simply a general review of the pilot’s encounter with their doctor usually using non-medical terminology and written in a way that is easily understood by a non-medical trained patient. When your family physician is asked for a

patient's current status the physician often will describe how the patient is doing at that moment in time. But when the FAA asks for status, the treating physician is really being asked to provide a detailed clinical summary of the aviator's medical



condition. Unfortunately, the pilot thinks that they have submitted the requested medical information to their AME for FAA approval, but in actuality, this after-visit summary from their physician does not contain the details required by the FAA to make a medical certification decision. This then delays the certification process by the FAA, often for several months, until the comprehensive DCPN is provided.

Let's take a look at what the FAA wants the **DETAILED CLINICAL PROGRESS NOTE (DCPN)** to contain.

A DCPN Should Contain

- **A summary of the condition**
- **Current medications, dosages, side effects**
- **Clinical exam findings**
- **Test Results**
- **Diagnosis**
- **Assessment**
- **Plan (prognosis)**
- **Follow-up**

All of these elements are crucial in order to expedite the certification process for the pilot by the AME or the FAA.

Below is the Detailed Clinical Progress Note. Make a copy and take it to your family physician so that their Progress Report or After Care Summary contains all the required elements demanded by the FAA to complete your medical certification process in a timely fashion.

PILOT INFORMATION – CURRENT, DETAILED CLINICAL PROGRESS NOTE

(Updated 04/12/2022)

To make a determination on your FAA Medical Certificate, the FAA requires a **current, detailed Clinical Progress Note** generated from a clinic visit with your **treating physician or specialist no more than 90 days prior** to your AME exam*. If you ask your physician's office for a copy of your progress note, they may direct you to your patient portal to print out "notes" or an "After Visit Summary (AVS)." Patient Portal notes or an AVS that do not meet the criteria listed below for a current, detailed Clinical Progress Note are **NOT** sufficient for FAA purposes. Submitting incorrect or incomplete information will delay your medical certification review. To help avoid this, please review the information provided below.

Here is how to tell the difference between patient portal notes or AVS vs a **current, detailed Clinical Progress Note**:

✘ Patient Portal or After Visit Summary (AVS)	✔ Current, Detailed Clinical Progress Note
Ready immediately after the visit.	May take some time (days) for the physician to review and sign.
Accessible on your patient portal.	May be accessible in your patient portal, however, this depends on your physician's Electronic Medical Record (EMR) system.
Title = "After Visit Summary"	Title = "Progress Notes" or "View notes"
Page Contents: <ul style="list-style-type: none"> • Blood pressure, weight, pulse; • Instructions ("pick up medications, return in 6 months," etc.); • Reason for visit, list of medications given, or tests ordered; and • Medication allergies, immunization history, etc. 	Page Contents: <ul style="list-style-type: none"> • Blood pressure, weight, pulse; • Instructions ("pick up medications, return in 6 months," etc.); • Reason for visit, list of medications given, or tests ordered; • Medication allergies, immunization history, etc.; Plus: <ul style="list-style-type: none"> • Review of body systems; • Physical exam findings (Ex. constitutional, cardiovascular, skin, etc.); • List of all current medications, dosages side effects (if any); • Assessment; • Plan (prognosis); and • ICD-10 codes
You do not need to sign a release to obtain.	You may have to sign a release with your physician's office to get a copy (printed or released to you in your EMR).

WHEN YOU SEE THIS:	IT MEANS:
CURRENT	<p>Performed no more than 90 days before your AME exam*</p> <p>Example: You see your AME on June 1. To be “current,” the detailed Clinical Progress Note should be from an evaluation in which you saw your treating physician in clinic between March 1 and June 1 (90 days).</p> <p>(*FAA ATCS clearance exams correlate with birth month, so the treating physician evaluation should be within 90 days of birth month.)</p>
DETAILED	<p>Must include the following items:**</p> <ul style="list-style-type: none"> • A summary of the history of the condition, • Current medications, dosages, and side effects (if any); • Clinical exam findings; • Results of any testing performed; • Diagnosis; • Assessment; • Plan (prognosis); and • Follow-up <p>Example: A letter stating “Mr. Smith is ok to fly” (or any other simple note) is NOT a current, detailed Clinical Progress Note and is NOT acceptable.</p> <p>(**This information is standard in most clinical progress notes. [E.g. Medicare standards])</p>
CLINICAL	<p>Describes findings from an actual clinical encounter (usually in office).</p>
<p>PROGRESS NOTE</p> <p>You may also see this called a “current status report” or “status report” in current FAA Guidance. Any reference to a “status report” equals the criteria listed on this sheet.</p>	<p>This is part of the actual medical record that details events of your office or hospital visit.</p> <p>Physicians and other providers understand this term. It may be called a SOAP note or patient note. It has specific components (see “Detailed” above).</p> <p>A patient “after visit summary” or “patient summary” are NOT sufficient for FAA purposes. To see if your note meets FAA requirements, see the previous page for a comparison between “patient portal or after visit summary” vs. current, detailed Clinical Progress Note.</p>
“IT MUST SPECIFICALLY INCLUDE”	<p>If this language is in your letter, it is to highlight SPECIFIC items (that may or may not be part of a standard current, detailed Clinical Progress Note). Make sure your physician addresses these specific items.</p>

Also now available in the MedXPress Application Process is the pilot applicant’s ability to log in to MedXPress and click the *Application Status* tab for their 8500-8 application to determine the application’s status with the FAA. The MedXPress *Application Status* screen will show the status as: *Submitted, Imported, Transmitted, In Review/Action Required, and Certification Decision*.

For the great majority of pilots when they submit their MedXPress application to their AME, the first status is - *Submitted*. When their AME imports their application to the AMCS (Aerospace Medical Certification Subsystem) in Oklahoma City the application status changes to *Imported*. Since most pilots have certified at the time of their flight physical with their AME the application status changes to *Certification Decision*.

The *Certification Decision* screen will show the details of their medical certification including date, class of certificate, and any limitations. If a pilot's flight physical is DEFERRED by the AME for a medical decision by the AMCS the *Application Status* tab will provide information regarding the processing of their case on the *Transmitted tab*. This information is helpful because the pilot applicant for medical certification can now obtain an estimated time for the initial review by AMCS to be completed.

Once the review process is initiated, the application will move to the *In Review* status. This will indicate to the pilot that the FAA has begun working on their case. If after review the FAA determines that more information is required to make a determination, the application status will update to *Action Required*. MedXPress will also display a list of any supporting documentation or official FAA correspondence related to the deferred application. FAA will notify you by registered mail that additional information is required. Finally, once a determination has been made by the FAA the application will reach the final state on the *Certification Decision* screen.

The MedXPress *Application Status* updates are intended to provide clear and concise information so the applicant can appreciate their position in the queue. Be sure to continue to submit to the FAA all required supplemental information while the case is pending review.

Please don't hesitate to contact me to schedule your flight physical, or to discuss any medical issues. Contact my Medical Assistant Leyla Rivas at (818) 909-5055 or lrivas@scoi.com.

Stay healthy and fly safe,

Gregory Hanker, M.D.



Aviation Medical Examiner Gregory J. Hanker, M.D., an orthopedic surgeon practicing at the Southern California Orthopedic Institute in Van Nuys.

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.

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.