



SPRING 2023 Edition

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Several weeks ago, I attended Aviation Medical Examiner (AME) refresher training in Albuquerque. The FAA requires AMEs to undergo refresher training every three years in order to maintain their designation to perform pilot flight physicals and issue medical certificates per 14 CFR Part 67.

The three days of training consisted of a variety of didactic lectures, presentations, and discussions from the Federal Flight Surgeon's office, Regional Flight Surgeons, medical subspecialty experts, and administrators from the Oklahoma City Civil Aeromedical Institute (CAMI) and the Aeromedical Certification Division (AMCD).

The underlying theme was the FAA's continued dedication to protecting the safety of the National Air Space. AMEs assist to accomplish this goal by medically certifying pilots, and air traffic controllers, who meet specific medical standards. These regulatory standards ensure the fair and consistent application of medical principles and waiver policies involved in the Special Issuance (SI) process.

These standards are clearly described in the [AME Guide](#), which is available to anyone on the FAA website. The framework regarding medical issues for flying is based on eliminating any "sudden incapacitation" or "subtle incapacitation". This is the basis of aeromedical disease management.

Approximately 400,000 flight physicals are performed by AMEs every year. The vast amount of these physicals results in immediate medical certification. Approximately 35,000 pilot physicals result in a DEFERRAL to the AMCD for a waiver or Special Issuance, as the FAA calls it. Immediate DENIAL of medical certification by AMCD is a very uncommon event, as only 0.2% fail to qualify. In some instances, especially medical conditions that involve cardiac and neurological, the SI process can be a significant burden on the pilot, but with persistence certification can be achieved.

The AME Guide is updated every month to reflect the ongoing changes in the practice of medicine. For example, the latest change to the AME Guide consisted of 53 changes to the Neurological Disposition Tables. Other changes to the Guide can be found on page 478 "Archives and Updates". Every attempt is made by the Federal Air Surgeons office to ensure that these medical updates reflect current medical standards. Other important recent updates from 2022 include:

- New Disposition Table for long COVID
- EKG change for a 1st-degree AV block
- New policy on processing formal HIMS cases
- New medications added to the CACI Colitis worksheet
- Cerebrovascular protocol update for TIA or stroke
- New decision tools and Disposition Table regarding mental health issues
- Updated conditions to the Pre-Diabetes CACI
- Cardiovascular update for Hypertrophic Cardiomyopathy
- Disposition Table revised regarding anosmia
- Guidance on controlled substances and CBD products
- Cholesterol medications added to pharmaceutical guide
- Mitral valve repair CACI update
- Pulmonary update to COPD regarding pulmonary function test data
- CACI glaucoma medications updated
- New Disposition Table for Barrett's Esophagus
- Added option to CACI worksheets - "if prior SI/AASI, may now be CACI qualified"

To reiterate from my Summer 2022 AMEPilot Newsletter the DETAILED CLINICAL PROGRESS NOTE (DCPN) is important to have accomplished correctly or the flight physical medical certification process may be unnecessarily delayed.

The FAA does not accept an "After Visit Clinical Summary" or "Progress Note" from your treating physician when it involves a medical condition that needs to be explained in detail.

The AME and the AMCD cannot make a decision regarding your medical certification unless this DCPN is provided at the time of your flight physical.

Otherwise, your medical certification will be DEFERRED, and then the FAA review process could take months to resolve. **This delay can be avoided by having your treating physician provide all the medical information requested in the DCPN.**

The **DETAILED CLINICAL PROGRESS NOTE** format is available in the AME Guide and should be taken to your medical provider/physician so that the note provided to you by them meets the criteria demanded by the FAA. Here is the correct form:

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**

The alternative to FAA medical certification is BASIC MED. This pilot medical certification process is presented in 14 CFR Part 68 and is under the auspices of the FSDO, not the FAA. If you would prefer to use Basic Med I am available to assist you with this examination process.

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