

Quarterly Aeromedical Newsletter

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FAA Aeromedical Policy Update



AMAS welcomes Dr. Dan Berry as the new acting Central Regional Flight Surgeon. Dan has been a long time advocate of aviation safety and has been working as the Deputy RFS for the Central region. We look forward to continuing a close working relationship with him in his new capacity.

FAR 61.53 – As a reminder to airmen, the Federal Air Surgeon recently published updates concerning an airman’s responsibility to self certify that they are safe to fly before performing any aviation duty. This self certification requires that airmen with changes to their clinical condition or use of potentially unsafe medications not fly until they have FAA clearance. Apparently some “advocacy” groups have been advising that pilots with potentially disqualifying conditions do not need to ground themselves and can wait until their next FAA medical to report (see related guidance in our 4th Qtr 2010 newsletter clarifying similar erroneous information published in popular aviation magazines). Here is an excerpt of the applicable FAR:

FAR 61.53 Prohibition on operations during medical deficiency.

(a) Operations that require a medical certificate. Except as provided for in paragraph (b) of this section, a person who holds a current medical certificate issued under part 67 of this chapter shall not act as pilot in command, or in any other capacity as a required pilot flight crewmember, while that person:

(1) Knows or has reason to know of any medical condition that would make the person unable to meet the requirements for the medical certificate necessary for the pilot operation; or

(2) Is taking medication or receiving other treatment for a medical condition that results in the person being unable to meet the requirements for the medical certificate necessary for the pilot operation.

Unfortunately the guidance for making informed “Go/No-Go” decisions is not always readily available to treating providers or even known to some Aviation Medical Examiners. When faced with related decisions, do not hesitate to contact one of our knowledgeable physicians.

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FAA Aeromedical Policy Update *(continued)*

Changes to the combined Airman Medical and Student Pilot Certificate – The FAA recently issued guidance to AME's that these specific combination certificates have to be transmitted to the FAA within seven days of the exam. Other medicals can still be held in the AME's office for up to two weeks while an airman provides needed clinical information. By holding the medical until they have complete documentation, the AME is often able to avoid an unnecessary deferral to the FAA for routine clinical conditions such as hypertension.

Future of 3rd Class Medicals – During Oshkosh several years ago, the Federal Air Surgeon at the time mentioned that perhaps the day would come when 3rd class medical certification might transition to self certification. That day isn't today. In the July FAA Safety Briefing magazine, Dr. Silberman, the manager of Aeromedical certification at CAMI, provided an update that there are no current plans to remove the requirements for third-class medical certificates.

AMAS News

NBAA/Flight Safety Foundation CASS, April 2011 – San Diego, CA. Dr. Quay Snyder spoke on FAA medical standards and participated in a panel discussion at this annual event.

United Airlines Joint Central Air Safety Forum, May 2011 - Denver, CO. Dr. Quay Snyder gave a presentation to chief pilots, training managers and union safety representatives, addressing safety issues in the merger of United and Continental Airlines. Dr. Snyder focused on FAA medical reporting requirements and DUI policies.

Aerospace Medical Association Annual Scientific Convention, May 2011 - Anchorage, AK. Dr. Quay Snyder gave a presentation on the "History of HIMS" at a panel on the "Flight Surgeon and the Drug Free Workplace in Aviation." Four AMAS physicians attended the seminar meeting with aviation physicians and professionals for the international community, the FAA and other regulatory bodies, the military, NASA, and the civilian AME community.

NATCA's National Executive Board Meeting, June 2011—Kansas City, MO. Dr. Snyder recently addressed NATCA's National Executive Board regarding implementation of alcohol abatement programs for controllers based on the FAA's long-standing HIMS program for professional pilots.

Congratulations Dr. Parker! Dr. Phillip Parker, Director of Clinical Services for AMAS, retired from the US Air Force Reserves on June 1, 2011. Dr. Parker retired as a Colonel with a combined 22 years of experience between active duty, the Colorado Air

National Guard, and the Reserves. Most recently, Colonel Parker (ret.) was assigned to the Department of Defense Medical Evaluation Review Board (DoDMERB), drafting admission physical standards for officers going into all branches of service.

Human Intervention and Motivation Study (HIMS) Mini Seminar June 2011 - Memphis, TN. On June 24, 2011, per FAA contract, the AMAS staff under the direction of Dr. Don Hudson, HIMS Program Manager, presented a one-day HIMS Seminar in Memphis, TN. Federal Express Corporate hosted the conference on the grounds of their corporate WHQ with 45 people from 6 different airlines in attendance, representing a general cross-section of the aviation industry. Topics covered included the disease concept of substance abuse/dependence and the identification, intervention, and treatment/rehabilitation of professional pilots afflicted with this condition. The seminar also included the FAA administrative review and eventual return to work of those individuals. On September 19-21, 2011, the HIMS contract calls for an expanded Basic 3-Day Seminar, which will be held in Denver, Colorado.

Dr. Phillip Parker was recently selected for membership in the Civil Aviation Medical Association (CAMA) and the International Academy of Aviation and Space Medicine (IAASM).

AMAS Welcomes our New and Renewal Clients: We welcome our newest client, *Vulcan, Inc.* and also our clients who recently renewed their service agreement with our group; *Altria Client Services, Inc.*, and *Proctor & Gamble, Inc.*, *PMI Global Services, Inc.*

President's Corner



Fit to Fly?

Quay C. Snyder, MD, MSPH

I'M SAFE! This well known mnemonic is recommended in many of the FAA's publications to aid each pilot in making a pre-flight determination of the medical readiness to fly. A critical component of the FAA's program of Aviation Decision Making/Cockpit Resource Management uses another mnemonic: **PAVE**, (Pilot, Aircraft, enVironment, External Factors).

I'M SAFE, which deals with the **Pilot** portion of the PAVE checklist includes:

I – Illness (would I fly with a pilot that feels like me?)

M – Medications (do any medications that I take impair safety?)

S – Stress (am I emotionally fit to fully concentrate on my duties?)

A – Alcohol (have I consumed alcohol in a timeframe or amount that would affect my judgment?)

F – Fatigue (do I have adequate rest to complete this flight safely?)

E – Eating/Hydration (particularly important for single pilot & summer operation) (*Note: the Airman's Information Manual still lists this as Emotions.*)

In my activities as an FAA Safety Team Representative, I am frequently asked to speak about pilot fitness to fly and a variety of medical conditions. In my full-time job, I am often asked "Can I take this medication and fly?" The answer is not always easy in either case. The most important question to ask is "*What is the underlying condition that I am taking the medication for and how does that affect aviation safety?*" A medication may be allowed by the FAA under certain circumstances, but the condition may be disqualifying and vice versa.

Who can answer these questions? Although private doctors may be familiar with your condition, they may not be familiar with the aeromedical implications (either physiological or aeromedical policy) of the treatment. The best sources of information are physicians trained in aviation medicine who maintain currency in FAA policies. These include Aviation Medical Examiners, airline medical directors and aerospace medicine specialists such as the physicians in our office. The FAA Regional Flight Surgeons' Offices and the FAA's Aeromedical Certification Division are also knowledgeable resources, although some pilots may be reluctant to contact the FAA directly.

Once a determination regarding fitness to fly consistent with FAA policy is made, a pilot may have an additional obligation to comply with FAA policy and regulations. See Dr. Parker's section on FAA reporting requirements under FAR 61.53. In addition to determining if it is legal to fly with the condition and the medication considered, a pilot may still not be fit to fly depending on the severity of the condition or unusual effects of the medication. Pilots with any doubt about their fitness to fly should ground themselves until the condition is improved or resolved. Although many medical conditions and visits to healthcare providers may be reported on the FAA Application for medical application at the time of your next visit to the AME, other conditions may require more immediate FAA notification. Some conditions may require review of medical records and clearance by the FAA before returning to fly.

Be Safe, Be Legal, Be Sure. Ask before you fly. For any questions contact our physician staff at 720-857-6117.

Fly and Control Safely, Stay Healthy! - Quay Snyder, MD

www.AviationMedicine.com

Medication Update

Rituxan (rituximab) is an injectable biologic agent that has been allowed by the FAA though policy has varied between regions at times. We have received a number of questions regarding this policy, and recently the Federal Air Staff confirmed that this is allowed for both controllers and airmen, and requires a 72-hour observation period after each administration. The underlying condition often requires FAA waiver as well.

Aromasin (exemestane) is an adjuvant therapy for breast cancer treatment is waiverable if there are no side effects from therapy. There has been some confusion on this medication as some non-FAA internet sources still incorrectly list this medication as “not allowed”.

Effient (prasugrel) is a relatively new antiplatelet medication frequently used after cardiac intervention such as bypass or stent placement. It prevents the formation of clots that might lead to heart attack. Unfortunately, these type of medications can also result in life threatening bleeding. Currently effient is still under FAA review. Only Plavix and aspirin are currently acceptable alternatives.

Valium (diazepam) is occasionally used by airmen/controllers as a muscle relaxant such as for severe back spasm. The medication can also be prescribed to treat anxiety or seizures. It can have side effects such as drowsiness and in coordination and is not allowed by the FAA. With recent changes in FAA policy, there has to be five drug elimination half lives that pass before return to aviation duties after taking medications such as this. For Valium that means a 10 day observation period after the last dose. An airman/controller may also have to provide the FAA a clinical note showing why the medication was needed.



Airmen & Controllers - “Ask the Doc”



Question: “I have heartburn after eating the meals served to me on the airplane. If I get treatment for this, may I still fly?”

Answer: Heartburn is a common name for GastroEsophageal Reflux Disease or GERD. Most medications used to treat GERD are allowed, including Proton Pump Inhibitors (PPIs such as Prilosec, Zegerid, Prevacid, Protonix and many others), H2 blockers (Cimetidine and Ranitadine), Antacids (TUMS, Maalox, etc), and several other categories of medication are authorized. Pilots with GERD should avoid alcohol, smoking and provocative foods to reduce symptoms. The presence of an ulcer is disqualifying until there is documented evidence that the ulcer is healed. Ulcers are usually treated with a combination of antibiotics and PPI’s. Please see the article on our web site on Peptic ulcer disease and GERD.

Question: “ I recently had orthopedic surgery. What must I do to return to flying status?”

Answer: Most pilots may return to flying duties following orthopedic surgery once the surgeon has cleared the individual to return to full, unrestricted activities. Of course, the pilot should be confident that all routine and emergency duties can be performed safely. Medications such as NSAID’s are authorized when flying, but any use of narcotics will disqualify a pilot for at least 48 hours after the last dose. The surgery must be reported to the FAA at the time of the medical application. Pilot should bring their AME a copy of the operative report and the surgeon’s final clearance to resume activities. Airline pilots may have additional requirements to clear their return with the flight office. If there is any doubt about the ability to perform all crew duties and maintain the flying schedule safely, pilots should check with an AME or our office prior to flying.

NATCA News



Discount on Pilot Medical Certification Assistance. We are pleased to announce a new discount for NATCA members. We understand that many of the NATCA members are also private pilots and could benefit from our aeromedical services when obtaining or regaining their pilot medical certification. All eligible NATCA members can now receive a 20% discount off standard case services for pilot medical certification assistance. Interested NATCA members should contact our office at 1-866-AEROMED for more information or assistance.



Spotlight: Your AMAS Staff

To better acquaint you with the physician and administrative team that serves you, AMAS will profile a staff member or special event each quarter. This quarter's spotlight is on our newest member, Medical Records Technician Contractor, Caitlin Cazorla.



Caitlin recently joined the AMAS team as a Medical Records Technician, supporting our company's effort to automate our processes by scanning all client documentation. She is responsible for organizing, categorizing, scanning, and distributing client records to our case manager and physicians, as well as working on the significant undertaking of scanning all existing hard copy files into our client software.

Caitlin was born in Riverside, California, but has lived in the Azores, Portugal, Wichita Falls, Texas, and has called Castle Rock, Colorado home since 1995. She earned an Associate of Arts degree in 2009 from the Arapahoe Community College (ACC) and is a member of the Phi Theta Kappa international honor society. She also earned her certified nursing assistant (CNA) license in 2010 from ACC. She has volunteered extensively since her early teens. She initially worked with the Dumb Friends League and for the past several years has worked with the University of Colorado Hospital, performing hearing screening on newborns and working in the Emergency Room. She is currently attending the University of Colorado at Denver, pursuing a Bachelor of Science degree in Business Administration and will be participating in Army ROTC this fall. She has worked various part-time jobs in customer service, childcare and as a veterinary technician assistant.

When she's not working or busy with school, Caitlin enjoys spending time with her family and friends. She is a fan of midnight movie premiers and enjoys dirt bike riding, snowboarding, video gaming and traveling to most anywhere that has a beach. She has always had a passion for martial arts and is currently learning Kung Fu. She also enjoys basketball and football, and is an avid Miami Heat and Tennessee Titans fan.



Caitie is pictured with her dog, Izzy.

We welcome your feedback and suggestions! Our goal is to make this newsletter useful and informative for all of our clients. If you have an idea for a topic you would like covered or have a comment about this newsletter or our services, please contact our Director of Operations, Lawan Adkins, via email at ladkins@aviationmedicine.com or 1-866-AEROMED.

THE AMAS GOAL IS TO KEEP OUR CLIENTS HEALTHY, SAFE & MEDICALLY CERTIFIED!

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