

Quarterly Aeromedical Newsletter

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FAA Aeromedical Policy Update



FAA Streamlining Clinical Reports - In the Spring Federal Air Surgeon's Medical Bulletin, Dr. Tilton outlined a policy to cut down on duplicative requests for clinical information. If an airman's AME also serves as their treating provider, the AME can thoroughly document current clinical status of a condition in block #60 of the medical application without need for additional stand alone reports. Supporting information such as lab or imaging reports would still be attached. Hopefully this will reduce the number of requests airmen receive asking for more information saving both the airman and the FAA valuable resources and time.

Revised PTS and New Airman Handbooks Available - For airmen, the FAA recently updated airmanship guidance, which is available through www.faa.gov under the Training and Testing menu.

Falsification of Medical Applications - On 12 Jun 2012 a commercial pilot was found guilty in Tampa US District Court for failing to disclose disability benefits on their medical application. In this particular case, there was reportedly a fraudulent claim for benefits made to the VA as well. AMAS continues to advise our clients to completely report on medical applications. If you have a concern about a potential oversight in reporting, our physicians are ready to assist you.

Special Issuance Authorization Carry Rule Eliminated Effective 20 July 2012 - Previously the FAA under FAR 67.401 required those with "waivers" to carry a copy of the Special Issuance Authorization (SIA) letter with them while flying to make available to inspectors upon request. AMAS has long argued that this was an unnecessary invasion of an airman's medical privacy. The FAA received no adverse comments in response to the direct final rule "Removal of the Part 67 Requirement for Individuals Granted the Special Issuance of a Medical Certificate to Carry Their Letter of Authorization While Exercising Pilot Privileges". The FAA has determined that no further rulemaking action is necessary. Therefore, the rule is adopted as amendment 67-21 and became effective on July 20, 2012. Please see the following link for additional details: <https://www.federalregister.gov/articles/2012/07/03/2012-16317/removal-of-the-part-67-requirement-for-individuals-granted-the-special-issuance-of-a-medical#p-11>. Note that the ruling states that the current SIA letter and medical remain valid and a new medical certificate will not be reissued until the time of next renewal.

MedXpress - The FAA is still targeting 1 October 2012 to change to paperless handling of FAA medical applications using the online application process found at <https://medxpress.faa.gov>

President's Corner



See the Light - Sunglasses for Aviators Quay C. Snyder, MD, MSPH

Sunglasses can be both functional and stylish. But with all the options to choose from, how do you know which ones to buy? No single type is ideal for every pilot. Needs change based on age, light sensitivity, ambient lighting conditions, and type of flying. *Some sunglasses are not right for any pilot at any time.* For those controllers in towers

who do wear sunglasses, the issues are similar to pilots.

Reasons for wearing sunglasses include improved night vision adaptation, enhanced contrast in the visual field, reduced glare, decreased UV exposure, and reduced eye fatigue. Safety-conscious pilots should focus on selecting proper lenses rather than frame styles with cheap lenses. Visual acuity varies with the light available and a person's sensitivity to various degrees of brightness. The pupil controls the amount of light reaching the retina. Older eyes do not transmit as much light as younger eyes, so many older people need more light for optimum acuity and may need sunglasses that transmit more light.

Glare: On high-glare days, such as over snow or sand, the pupils contract to protect the eyes from the glare. Sunglasses will reduce glare and allow the pupil to let more light reach the retina, thus enhancing vision. Near sunrise and sunset, the atmosphere filters out blue and UV light, giving the sky its characteristic red-orange color. Yellow lenses, often called "blue blockers," will block out blue and some UV light and are said to improve vision on hazy days, though no scientific proof exists for this claim. However, they may decrease a pilot's ability to view some cockpit displays and distort colors.

Sunglasses options: *Tinted lenses* distort colors. Yellow-shaded "blue blockers" will alter color perception if they block out 30 percent of the light. Green and grey lenses create the least distortion of color vision. Brown distorts colors slightly more but can block some of the blue light blurring in haze.

Lenses' darkness or *degree of light reduction* is indicated by numbers. A No. 1 lens blocks only 20 percent of incoming light and has little value for aviators. The exception may be the No. 1 yellow lenses for hazy or smoggy days. A No. 2 lens blocks 70 percent of light and is useful for most aviation situations. It provides a balance of glare protection, luminescence reduction, and UV protection without significantly reducing visual acuity. The light reduction of a No. 3 lens (85 percent) may be useful for pilots who are particularly sensitive to bright light, while others may find the No. 3 lens reduces visual acuity. The No. 4 lens blocks out 95 percent of incoming light and significantly reduces visual acuity because the macula, where sharpest vision is found on the retina, requires light to activate the cones of the retina. *Aviators wearing these lenses in flight may not meet FAA minimum distant visual acuity standards.*

Mirrored glasses use metal particles to reflect images. They scratch easily and can cause distortion or blind spots. While popular with Hollywood movie pilots, professional pilots should leave them to actors and other imitators.

Photo chromatic lenses darken when exposed to UV light. Because aircraft windscreens block most UV light, the lenses will not darken substantially inside an airplane or car. Military pilots are prohibited from using these sunglasses for good reason. Pilots flying open-cockpit airplanes are the only ones who many benefit from this feature. These lenses may take several minutes to lighten when moving from a bright to dark environment.

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President's Corner (continued)



Gradient lenses usually have a darker tint on the upper portion of the lens and a gradually lightening color near the bottom. This may be useful when viewing instruments on a very bright day. The lighter tinting below allows more light from the relatively dark instrument panel to reach the retina and improve visual acuity while the darker upper portion blocks out the glare from the outside view.

UV protection is desirable in lenses worn outdoors but is not as important for glasses worn inside the aircraft because the windscreen blocks UV light. Glass and polycarbonate block nearly all UV-B light. Soft plastic lenses may block visible light but not block any UV wavelengths. The probability of developing cataracts increases when using soft plastic lenses because the pupil dilates in response to decreased visible light. The dilated pupil allows more UV light to enter the eye and penetrate the lens, thus increasing the risk of cataracts.

A *scratch-resistant coating* may increase the life of polycarbonate lenses and plastic lenses. Ironically, polycarbonate will withstand direct hammer strikes without breaking but scratches relatively easily. Glass will shatter but is more resistant to scratching. Polycarbonate lenses are thinner and lighter than glass lenses.

Pilots should NOT wear *polarized lenses* in the cockpit. Fine parallel lines resembling closely spaced prison bars on polarized lenses block glare from flat surfaces such as snow and water. Light parallel to the lines is transmitted, while nonparallel light (glare) is blocked. Unfortunately, if the windscreen is polarized and the lenses are not precisely oriented the same as the windscreen, all light may be blocked. Changing bank angle and head position can create blind spots. Cockpit instruments with glare reducing coatings may not be visible when using polarized sunglasses. For boaters and skiers who need glare protection from light reflected off the water or snow, however, polarized lenses are excellent choices.

What I Recommend: On bright days, consider using neutral tint (green or grey) glass, CR-39 plastic or polycarbonate lenses that block 70–85 percent of the incoming light, possibly with a gradient that lightens on the lower portion of the lenses. On a hazy or smoggy day, consider wearing brown lenses that block 20 percent of the light, but avoid wearing them if color perception (IMC flight), as opposed to visual acquisition (VMC flight), is important. At dusk or in lighting that is comfortable without sunglasses, remove them to increase visual acuity. Don't use polarized or photo chromatic lenses in the cockpit. Don't waste your money on soft plastic lenses or mirrored lenses. Scratch-resistant coating may increase the life of polycarbonate lenses.

The FAA has published an excellent pilot safety brochure titled "Sunglasses for Pilot: Beyond the Image" available at www.faa.gov/pilots/safety/pilotsafetybrochures/media/sunglasses.pdf.

This column is an abridged version of an article found on our website. Find it and numerous other articles on a wide variety of aviation health topics at www.AviationMedicine.com.

Fly Safely, Stay Healthy!

Quay Snyder, M.D.

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AMAS News



NBAA Maintenance Managers Conference, May 2012 -- Nashville, TN Professional maintainers requested a presentation on Addressing Substance Abuse and Dependence in the Maintenance Hangar for their annual symposium. Dr. Snyder followed his presentation with a robust Q&A session and pointed out the benefits from a safety, health and financial perspective already realized by pilots.

USAF School of Aerospace Medicine, May 2012 -- Wright Patterson AFB The Residency in Aerospace Medicine training Air Force, Army and foreign flight surgeons received presentations from Dr. Snyder on civilian aerospace medicine operations, ethics in aeromedical certification and substance abuse programs for aviators.

Airline Medical Directors Association -- Dr. Parker, Dr. Riccitello, Dr. Corrigan and Dr. Snyder attended the AMDA annual scientific meeting and awards dinner for international airline medical directors and medical certification authorities in Atlanta, GA.

Aerospace Medicine Association Annual Scientific Seminar, May 2012 -- Atlanta, GA All AMAS physicians attended the four day scientific meeting covering a broad range of topics including airline, military, space and general aviation research as well as international medical standards. The event was notable for the opportunity to interact and exchange ideas with researchers, FAA and foreign medical certification authorities, airline medical staffs and Aviation Medical Examiners.

Congratulations Dr. Snyder -- Marie Marving Award -- Aerospace Medicine Association Dr. Snyder was presented the 2012 award for excellence and innovation in aerospace medicine sponsored by the French Aerospace Medicine Association.

Gulfstream Operators and Suppliers Safety Seminar, June 2012 -- Savannah, GA Dr. Snyder gave a presentation on protecting and maintaining your FAA Medical Certificate to 250 chief pilots and safety officers for corporations owning and operating Gulfstream aircraft in their biennial safety conference in Savannah, GA.

Your AMAS Newsletter

Our services are provided to you as a benefit from your company flight department or a membership benefit from your union or aviation association. AMAS stands ready as the only board certified Aerospace medicine physician group available to provide you the assistance you need. Our physicians are always a telephone call or email click away. We can respond to your medical questions and provide advice on any potential impact on your FAA Airman's Medical Certificate for medical conditions you might develop. All client discussions with our staff members are completely confidential and risk free. AMAS is proud to be your one source for Aeromedical advice and FAA medical certification waiver assistance!

We welcome your comments and suggestions! Our goal is to make this newsletter useful and informative for all 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 Newsletter Editor, Amelia Chandler at achandler@aviationmedicine.com.

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Airmen & Controllers - "Ask the Doc"



Question: *I recently "passed out" for a short period. The day was extremely hot and I had eaten very little that day. What are my reporting requirements to the FAA?*

Answer: "Passing out", fainting or syncope can be a sign of more serious medical concerns. FAA must review documentation of the history of the episode to include a proper medical evaluation. This evaluation generally includes, but not limited to, an examination by a neurologist and cardiologist. Specific requirements vary depending on the circumstances, however, these reports must be reviewed by FAA prior to return to flight or ATCS duties. Situations vary greatly. You should contact Aviation Medicine Advisory Service for assistance.

Question: *I awoke the other morning with a severe case of "dizziness". How will this affect my FAA medical certification?*

Answer: "Dizziness", being "light-headed" or frank vertigo can, like the above example of syncope, be a symptom of a more serious medical condition. Prior to return to flight or ATCS duties the symptom must have cleared and you must have improvement documented by proper medical authority.

An evaluation for vertigo usually requires an examination by an otolaryngologist (ENT specialist), neurologist and possibly a cardiologist. Cases vary, so contact this office for assistance.

Question: *I was recently diagnosed with benign prostatic hypertrophy (BPH) my doctor wants to prescribe medication. What is FAA policy on these medications while flying or performing ATCS duties?*

Answer: In general, the FAA will approve the use of androgen inhibitors (e.g. Finasteride/Proscar or dutasteride/Avodart) or alpha blocking medication (e.g. Terazosin/Hytrin/ Cardura/Flomax) after documentation that you tolerate the medication without side effects and your symptoms are controlled. If you are using an alpha blocker to simultaneously control high blood pressure, additional information may be required. For airmen, our office can provide this information to the FAA soon after starting medication and prior to the next FAA medical application. Alternatively, this treatment can be reported at the time of the next FAA exam. ATCS must inform their supervisor and/or the Regional Flight Surgeon's office once medication is prescribed.

AMAS Welcomes our New Clients:

VF Corporation - January 2012
Bode Aviation - August 2012

AMAS Welcomes our Renewal Client:

Motorola Solutions - July 2012

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Medication Update



Aricept (Donepezil Hydrochloride) is a medication given to treat dementia such as with Alzheimer's disease. Occasionally it is prescribed as a preventive medication without obvious signs of cognitive deterioration.

Both the medication side effects such as dizziness and drowsiness, and the potential for subtle cognitive incapacitation from the underlying condition make this medication unacceptable to the FAA.

Qsymia is a new medication that was recently approved in the US by the FDA for weight loss. It combines a stimulant drug and antiseizure drug which both suppress appetite. This medication is not allowed by the FAA, and if used is likely to result in drug testing that is positive for amphetamines.

Sleep Medication Updates

None of the over the counter (OTC) sleep preparations, including Sominex, Tylenol PM, and Excedrin PM, are allowed for flight deck use and require waiting 5 times the half life of the medication from last dose to flight duty. The exact times are not currently published, but may require several days observation before return to flying after taking these common OTC preparations. Prescription medications such as Halcion and Restoril are not approved for airmen. Those pilots taking Ambien (zolpidem), another prescription medication, must wait 24 hours after the last dose before flying. The Federal Air Surgeon's Medical Bulletin states that Ambien may be used if no more than twice a week and not within 24 hours of flight duties.

The USAF has waived the use of Ambien in its pilots after ground testing and in very specific controlled situations. Sonata (zaleplon) was approved by the USAF for ground use by aircrew in controlled situations as well.

The FAA also authorized use of Sonata and Rozerem (ramelteon) as long as 12 hours passes before aviation or controlling duty.

Lunesta's (eszopiclone) observation time was extended from 12 hours to 30 hours in the Summer of 2012 presumably due to a longer half life. These medications also are not to be used more than twice weekly.

Erectile Dysfunction Medication Updates

The FDA authorized Viagra (sildenafil citrate) as the first oral form of treatment (pill) for the treatment of erectile dysfunction. The FAA recommends that the Viagra be used strictly in the dosages recommended by the manufacturer and all contraindications (reasons not to use the medication) be strictly observed. Pilots should not use Viagra within 6 hours of performing their (aviation) duties.

Levitra (vardenafil) was approved by the FDA in August 2003 and has a similar profile to Viagra. The FAA initially allowed the use of Levitra in pilots. However, in December 2003, the Federal Air Surgeon restricted pilots' authorization to use Levitra because of concerns about cardiac arrhythmias associated with its use. The Federal Air Surgeon re-instituted the authorization to take this medication in September 2004. Its required observation time before flight was changed by the FAA from 6 hours to 36 hours in the summer of 2012 presumably because of a longer half life.

Cialis (tadalafil), which has a 30 hour effective period, has now also been authorized by the FAA. It should not be taken within 36 hours of flying. The AMAS section on Erectile Dysfunction medications contains extensive information from many sources and links to the Federal Air Surgeon's Bulletin articles on Viagra and Levitra.

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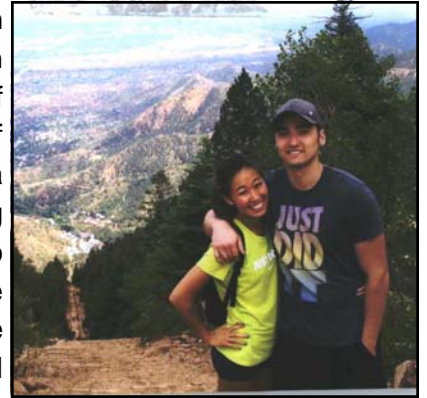
Spotlight: Your AMAS Staff

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 members, Medical Records Technicians Shane Clyde and Cherry Choi.

Shane joined the AMAS family in August 2011 and primarily focuses on customer service and document handling as a Medical Records Technician in our group. He is currently a student majoring in Biology at the University of Colorado at Denver and is set to graduate Suma Cum Laude in the fall of 2012. Shane continues to support himself through college and worked as a material handler at a medication shipping warehouse before joining AMAS. He is planning to apply to dental school following graduation. Shane works with the rest of our operations team to make sure all of our clients are handled in a professional manner. In his free time, he enjoys watching movies and spending time with his new puppy, Roxy, who is turning out to be a handful.



Shane's dog, Roxy

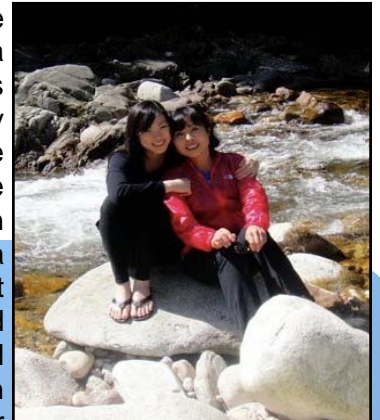


Shane and his girlfriend at the top of The Incline

Cherry joined AMAS in November 2011 as a Medical Records Technician. She is a graduate of California State University of Northridge, where she received a Bachelor of Science in Business Administration. She is originally from Los Angeles, California and moved to Denver, Colorado in August 2011. Cherry previously worked at Bank of America as a Service Specialist and other various jobs in customer service. She has a passion for customer service and feels she was born to be in this industry. She is also part of the Miss Korea Los Angeles Association and a top 5 winner in a past contest. Her current interest is reviewing restaurants and trying a new one out each week. She recently discovered a love for baking and hopes to have her own bake shop in the future. She also enjoys all outdoor activities, but her favorite is snowboarding. Cherry enjoys watching basketball and football, and is an avid Lakers fan and slowly turning into a Broncos fan. She loves the people she has met in Colorado and enjoys every minute she has experienced here so far.



Cherry in her pageant days



Cherry and her mom

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

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