

Would You Fly with This Pilot?

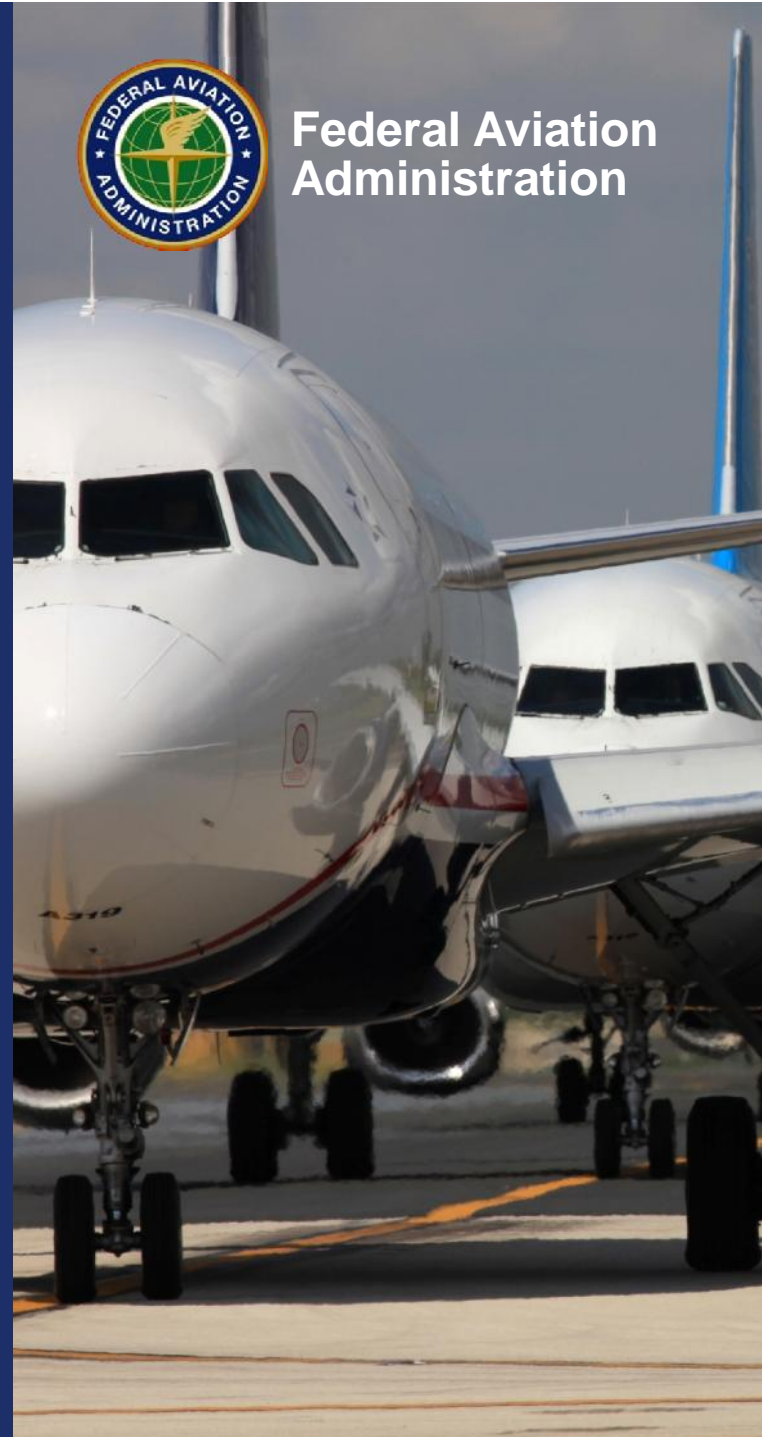
Presented to: Civil Aviation Medical Association

By: Stephen Goodman, M.D.
Deputy Federal Air Surgeon, FAA

Date: September 2017



Federal Aviation
Administration



Panel Members

- **Stephen Goodman, M.D., Deputy Federal Air Surgeon, FAA (Moderator)**
- **Stephen Veronneau, M.D., M.S., Manager, FAA Aerospace Medical Education Division**
- **John Raniolo, D.O., Cardiology**
- **John Hastings, M.D., Neurology**
- **Daniel Danczyk, M.D., MPH, Psychiatry/ Addiction**
- **David Schall, M.D., ENT, Regional Flight Surgeon, FAA**



Case 1: Addiction

Case 2: Neurology

Case 3: Cardiology

Case 4: Psychiatry

Case 5: Cardiology

Case 6: Otolaryngology



Case 1: Addiction

- **History**
 - 50+ yo commercial pilot with 8,900 hours
 - HIMS AME describes inpatient rehab/subst. abuse
 - History of non-insulin dependent diabetes, HT, gout
 - Drinks 1-2x/week
 - No use of illicit drugs
- **Desires return to ATP duties**

Based on what you know so far...

Would you fly with this pilot?

YES



NO



Case 1: Addiction (Discussion)

- 3 years ago, multiple orthopedic surgeries
- Prescribed Percocet
- Taking wife's oxycodone/buying off street
- Used 2 days/off 7 for drug testing
- Snorted Oxycodone
- Snorted Fentanyl, discovered by son, 911 called, ER transport
- Successful treatment/well-known recovery center
- Admits substance abuse disorder

Case 1: Addiction – Discussion

- **Additional Information**
 - No other history of mental health problems
 - No arrests, DUIs or other legal problems
 - Supportive Family



Case 1: Addiction – Determination

- **FAA determination**
 - SI withdrawn for DM
 - Actively followed by HIMS AME
 - Ongoing monitoring, regular testing, attendance in self-help program, visits with AME
 - After 6 months satisfactory eval. from HIMS Psychiatrist and Neuropsychologist

Case 2: Neurology

- **History**
 - 34 yo Commercial/Flight Instructor 500+ hrs
 - Assaulted; found by MET with Glasgow score of 3
 - Full body CT found 1 cm epidural hemorrhage without mass effect; occipital skull fracture
 - Urgent ventriculostomy placed
- **F/U CT – enlargement of epidural to 2.1 cm**
 - Emergent craniotomy and evac. w/ skull fracture repair

Based on what you know so far...

Would you fly with this pilot?

YES



NO



Case 2: Neurology- Discussion

- **Additional Information**
 - BAC at ER was .309
 - Brief neurology eval. after rehab reported as normal
 - CogScreen AE LRPV score of 0.277 (normal, 50% for Gen Av Norms)
 - NP testing, weak math perf., otherwise adequate
 - Completed alcohol dependence treatment

Case 2: Neurology- Determination

- **FAA determination**

- Denied for alcoholism and severe TBI
- Pilot completed treatment, but was reluctant to accept he had a problem with alcohol
- Down 5 yrs due to TBI (subdural hematoma, subarachnoid hemorrhage, hemorrhagic parenchymal contusions
- Reconsideration after 5 yrs
 - observation for TBI and seizure free
 - Successful abstinence and monitoring/ acceptable HIMS psych and neuro-psych evals.

Case 3: Cardiology

- **History**

- 23 yo 3rd class (mechanic)
- History of chest surgery at 18 yo for pericardial cyst removal
 - .5 cm pericardial cyst adj. to left space with some compression of left apex
 - Mini-thoracotomy with evacuation

Based on what you know so far...

Would you fly with this pilot?



Case 3: Cardiology– Discussion

- **Additional Information**
 - Recurrent chest pain at 20 y/o
 - Stress test- 13 minutes, 15 METS, Stage 5 Bruce
 - Max HR 185 (108%); normal EKG; no ischemia
 - CXR negative; PFTs normal; TSH normal



Case 3: Cardiology – Determination

- **FAA determination:**
 - FAA request for current status
 - Asymptomatic; BMI 29; CXR negative
 - TSH 6.2; T Chol 214; TRIG 267
 - Started on Synthroid
 - CACI for Hypothyroidism and Asthma



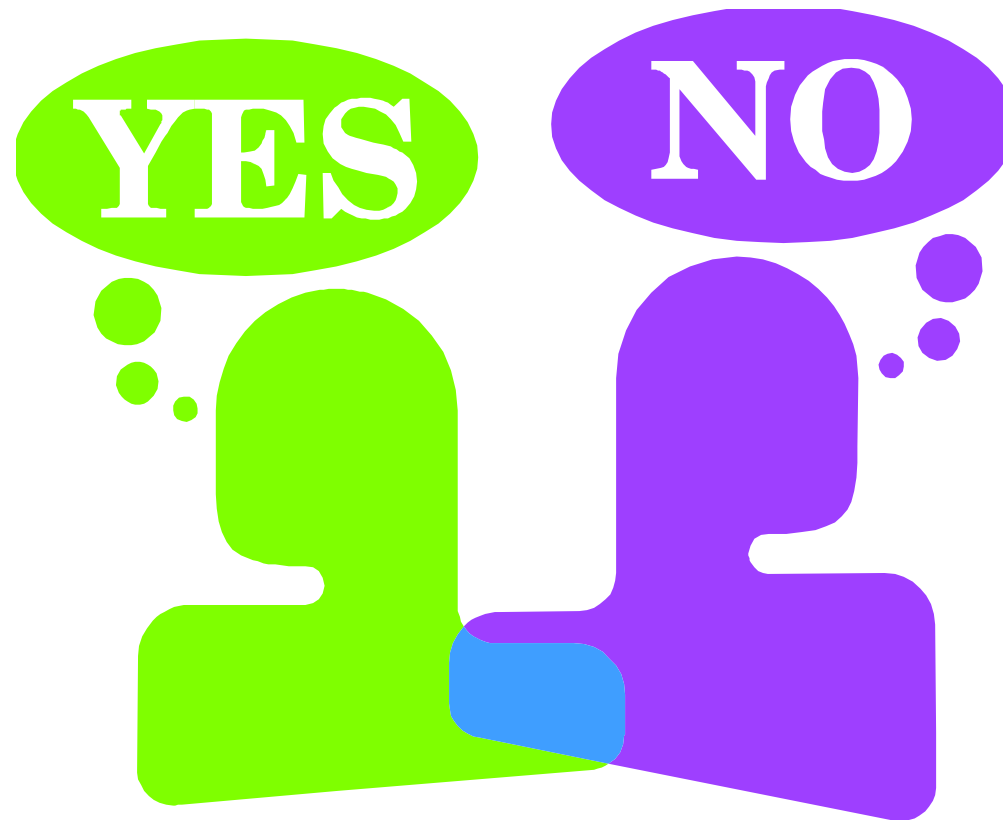
Case 4: Psychiatry

- **History**

- 19 yo; 1st Class applicant (student; 2nd app)
- 1st app issued then denied for Hx of Asperger's syndrome (did not provide P&P eval)
- New app noted epi-pen for peanut allergy
- Loratadine for SAR (no recent events)
- 2nd app deferred

Based on what you know so far...

Would you fly with this pilot?



Case 4: Psychiatry - Discussion

- **Additional Information**

- Discharged for therapy at 14 y/o- positive prognosis
- Current NP testing demonstrated average to significantly above average ratings in most areas
- Current Psych eval:
 - No history or evidence of other mental health disorders
 - Mental status exam generally unremarkable
 - Excellent insight into his diagnosis
 - DX: Autism spectrum disorder without intellectual impairment

Case 4: Psychiatry - Determination

- **FAA determination:**
 - Certify with SI T/L certificate (12 months)
 - Annual follow up
 - Current status report from treating physician
 - Current operational experience report from CFI

Case 5: Cardiology

- **History**

- 37 yo first time applicant for 1st Class
- At 32 yo developed symptoms of pre-syncope and palpitations at work
- Eval found him in SVT
 - Did not convert with adenosine
 - Did revert to NSR with beta blockers

Based on what you know so far...

Would you fly with this pilot?



Case 5: Cardiology - Discussion

•Additional Information

- Normal Trans-thoracic echocardiogram
- EP study showed AV inducible SVT foci- successfully RF ablated
- Current 24 hr. Holter Monitor noted HR between 44 and 118 (avg. 68)
- No tachycardia; rare ventricular and SVT ectopics; no ST depression
- Echo essentially normal EF65%
- Current pulmonary eval.
 - History of mild persistent asthma treated with Advair and Ventolin

Case 5: Cardiology - Determination

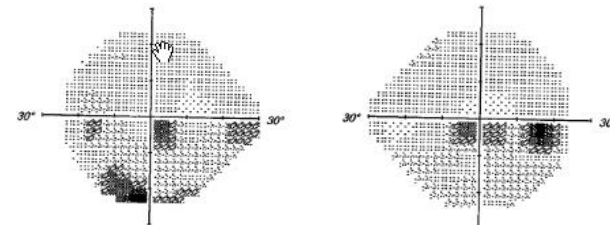
- **FAA determination:**
 - CACI for Asthma
 - F/U 1 year
 - Warned for history of AVNRT treated with RF ablation



Case 6: ENT

- **History**

- 65yo yo 3rd Class with 2K hrs flying time
- Found to have SCC of L Nasal cavity May 2016
 - Poorly Diff, p16(+), Margins (+), PET shows 1.8cm LN
 - Repeat surgery and XRT 6400 cGy (Eye/Brain shielded)
- Hx of Prostate Ca Tx'd w Surg 2012
- Nonarteritic Anterior Ischemic Optic Neuropathy (NAION) in 1998 OD; later OS
 - Bilat VF loss, VA 20/20 OU
- SNHL AU
 - Audio shows Bilat Mod to Severe HFSNHL w 3KHz notch to 80 dB, Passes AME conversational voice test.
- Hx of single episode of SVT in 2009-Neg CVE



Based on what you know so far...

Would you fly with this pilot?



YES



NO

Case 6: ENT - Discussion

- Recent PET/CT shows inflammation but no Ca
 - Favorable current status report from Physician
- Prior FAA Exams did not disclose NAION Hx
 - Additional VF's and Eye info obtained-favorable
 - Requested MFT with special attention to landing and identifying small objects inferiorly – Passed-SODA
- Placed on SI for Hx of SCC and NAION

QUESTIONS?



Would You Fly with This Pilot?



Federal Aviation
Administration

Slide 28