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Flight Physician

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In this issue:

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CAMA News

There are many changes to update you on, so please read on! CAMA has a new interim Secretary-Treasurer, new CAMA Board Trustees (elected at this year's meeting), and several Bylaw changes. Plus, you'll see below two photos of the newest CAMA merchandise: the CAMA Challenge Coin. It has beautiful logos on each side of the coin. These will be available for purchase during the Aerospace Medical Association meeting in early June 2025 (Atlanta, Georgia), as well as during the 2025 CAMA Annual Scientific Meeting in September (Spokane, Washington).

Here is an important reminder about how to stay in "good standing" as a CAMA member. Please recall that personal dues and corporate dues should be paid for 2025 as early in 2025 as possible. Your dues are considered "late" after January 31, 2025. You will find the submission forms in this Newsletter Edition and on the CAMA website at www.civilavmed.org.

We were relieved to hear from Dr. Mukkamala of AAFP, about his progress with his medical condition. "Hi everyone! Just wanted to update you on the most recent news about my brain cancer. I made it through surgery three weeks ago (*about mid-February 2025*) and have been home in Flint for a couple weeks. Every day I get a little better! Today my family received an amazing call from Mayo Clinic that concluded that I had a grade 2 astrocytoma and could have VERY favorable survival and avoid chemo and radiation therapy indefinitely. So....THANK YOU from the bottom of my heart for all of your kindness and love. I very much look forward to resuming working with you at our AMA. "

In my own medical news, your long time CAMA EVP is not functioning quite as great as before my glioblastoma surgery at the Mayo Clinic in September, 2024. So, we will be working on some new processes to give CAMA and its members the very best information and functionality. Starting now, we will be training a new Assistant EVP, Ms. Wendy Altman. She is an amazing young woman with great skills and medical association experience. Ms. Altman will start making most of the EVP decisions in collaboration with me, so that we can keep our CAMA priorities effectively managed. A lot of the AsMA Atlanta Meeting and the Spokane Annual Meeting details are completed, but Wendy and I have more to do to make those CAMA events "perfect"! All of you who come to Atlanta and Spokane will get a chance to meet and work with Wendy, and I believe you will enjoy that as much as I am! Please see her introductory article on page 5 so that you can become familiar with her terrific professional abilities!

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Leigh L. Speicher, MD MPH
CAMA President 2023-2025

Leigh L. Speicher, MD, MPH is board certified in Internal and Aerospace Medicine. She serves as a Consultant within the Section of the Executive Health Program at Mayo Clinic in Florida. Dr. Speicher is a licensed private pilot and a Senior FAA Aeromedical Examiner. She serves as the Aerospace Medicine Elective. Dr. Speicher is an Assistant Professor of Medicine. She is a Fellow of the American College of Physicians, Aerospace Medical Association, and the Civil Aviation Medicine Association.

Dr. Speicher earned her Bachelor of Science at Eckerd College in St. Petersburg, Florida and her medical degree from the University of Miami School of Medicine in Miami, Florida. She completed a general surgery internship at the National Navy Medical Center in Bethesda, Maryland and served as a Flight Surgeon for VP-30 at Naval Air Station Jacksonville while on active duty in the US Navy. She completed combined Internal and Aerospace Medicine Residency at the University of Texas Medical Branch in Galveston, Texas, where she also obtained a Master of Public Health degree. During this time, she continued to serve in the US Navy reserves attaining the rank of Commander before separating. She worked in the medical appeals department for the FAA prior to joining Mayo Clinic in 2012. Dr. Speicher enjoys spending time with family, traveling, and scuba diving.

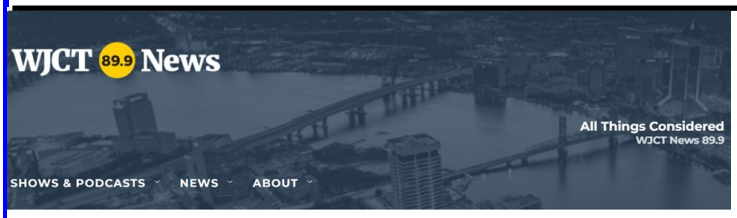
CAMA President's Message

Hello CAMA members! It's been a bit of an unsettling time with the changes happening for Federal employees and of course the FAA's end of the year directive to only allow computer-based color vision testing in 2025. I hope we all get through this with the best possible outcomes, but my heart certainly goes out to my friends and colleagues at the FAA who are having to live with uncertainty right now. We all appreciate the work that you do and especially the recent efforts to reduce the queues and host FAA Grand Rounds. If anyone out there hasn't attended yet, I highly recommend that you do. There is vital information shared during Grand Rounds, and they are moving more to case-based scenarios to improve the educational value. Lots of color vision questions are being fielded there as well. Here is the link to watch the recorded sessions: AME Guide Grand Rounds: Session 1. They did mention that there is a current hold in uploading recent sessions to the internet for right now, so it's best to attend the live sessions and get the CME if you can. Through my own misstep in buying the windows version of the Waggoner color vision test instead of the apple version, I happened to get to talk to TJ Waggoner. He and his team will be providing education about color vision pathophysiology and testing during half of our CAMA Sunday program at AsMA.

We held our Winter Board meeting on 2/8/2025. In my president's report, I again highlighted my two main goals. The 1st is to maintain CAMA's relevance and presence as a leading resource for AME's, and the 2nd is to increase AME participation at our annual scientific meeting, CAMA Sunday, and CAMA Luncheon at AsMA. Our team has been working hard to identify and acquire the best speakers for these events to accomplish both goals. Besides color vision, the other half of the CAMA Sunday line up on June 1st, 2025, will include Drs. Philip Brady and Chris Flynn who will be talking about aerospace mental health. Dr. Duncan Hughes, the Chief Medical Officer for Virgin Galactic, will be our CAMA Luncheon speaker on Monday June 2, 2025. The title of his presentation will be, "Commercial Suborbital Spaceflight: Opening the Aperture." He will discuss Virgin Galactic's plan to accelerate the number of commercial space flights to space and how AME's may be able to help with screening participants. Registration is open for AsMA including options for CAMA Sunday and our Monday CAMA Luncheon. We are also looking forward to the annual CAMA scientific meeting in Spokane this September. I am delighted to announce that our CAMA Honor's night speaker will be Dr. Stephen J. H. Véronneau. He will speak about wheel well passengers, i.e., stowaways. I think this will be an incredibly interesting and memorable topic! We are also working to incorporate the feedback received from our last annual meeting to assure the schedule and content is as helpful and enriching as possible. For example, we have a Mayo Neurologist booked to talk about glioblastomas since this has so impacted our organization. We also plan to have a session on the business of being an AME which will go into how different AME's run their practices.

There were several other updates at the board meeting. Our two new standing committees, as voted on at the full member meeting in Jacksonville, are up and running. Dr. Alex Wolbrink has done an amazing job as chair of the Finance committee and Dr. Dean Olson has recently been appointed as Chair for the HIMS committee. Dr. Robin Dodge, who was instrumental in getting our organization reinstated as a non-profit organization by providing CAMA historical documents, has agreed to serve as Historian once again. Several small changes to our bylaws were approved. We will be bringing those to the full membership meeting in Spokane for a vote. We will continue to hold that meeting on the Friday before lunch as it was much more efficient than having it during Honors Night. Lastly, the Nominations committee has created an excellent slate of potential officers and board members which will be up for a vote in Spokane as well.

I had the pleasure of speaking on our local radio station during the "What's Health Got to Do with it" program hosted by our own Dr. Joseph Sirven on 02/15/25. (**WHGTDWI_0215B_Dr._Speicher.mp3 - Google Drive**) I hope you will find that I represented CAMA well!



What's Health Got to Do with It?

What's Health Got to Do with It?

The price of love; health care in the air

Guest:

- **Dr. Leigh Speicher**, aerospace medicine specialist at Mayo Clinic and past president of the Civil Aviation Medical Association.

The AsMA Honors Night ceremony will take place on Thursday night, June 12, 2025. The CAMA President Elect, Gregory Pinnell, MD, will be the presenter of the CAMA sponsored awards during this AsMA Honors Night Ceremony. These two yearly awards, both sponsored by CAMA, are the John A. Tamisiea Award and the John D. Hastings Award. We hope that if you are in attendance at the AsMA Annual Meeting 2025, you will be at the Honors Night Award Ceremony to see the CAMA sponsored awards presented.

CAMA SUNDAY PROGRAM FOR ASMA ON JUNE 1, 2025, and CAMA LUNCHEON JUNE 2, 2025

CAMA Sunday, Sunday, June 1, 2025

08:00 AM—08:10 AM
Welcome and Introductions

08:10 AM—09:00 AM
Psychiatric Perspectives on European Aerospace Medicine
Speaker—Dr. Philip Brady MBBCh BAO MSc MInstP MRCPsych MCPsychI

09:00 AM—09:50 AM
Aviator Mental Health: Doc, I'm good, now. Why can't I fly?
Speaker—Chris Flynn, MD

09:50 AM -10:AM AM **BREAK**

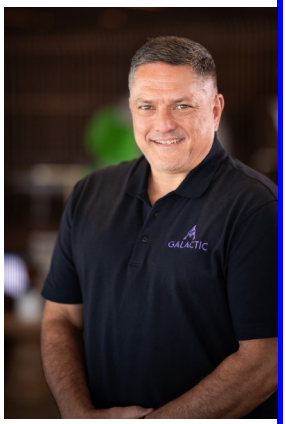
10:00 AM —12:00 Noon
Time to Change our Thinking, Our Thinking around Color Vision Deficiency. Will discuss physiology of color vision deficiency, occupational considerations of color vision deficiency, and aspects of color vision deficiency testing
Speakers—Robert Kittinger, PhD, Kevin Kapov, MD, and TJ Waggoner, MBA, MIOP

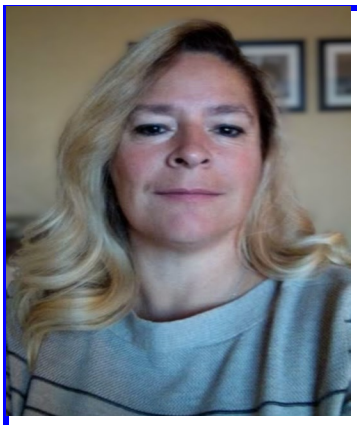
CAMA Luncheon, Monday, June 2, 2025
12 Noon to 02:00 PM

CAMA One Hour Special Presentation during Luncheon:

Duncan G. Hughes, MD, PhD, Chief Medical Officer for Virgin Galactic, will give an hour presentation entitled **"Opening, Space Flight Aperture."** In the advent of space flight, there are a multitude of environmental, physiological, and mental challenges to overcome. These issues will be addressed and in conclusion, the attendees will be able to better understand the issues of space flight and then address them with those involved during physical examinations and consultations.

Duncan G. Hughes, MD, PhD
Chief Medical Officer for Virgin Galactic





Hello, my name is Wendy Altman, I am very excited to be assisting with CAMA and continuing to learn more about the world of Aviation.

A little about myself—I grew up in Midland, Michigan, I have a love for anything outdoors, and spending time with my family, for the last 20 plus years I worked as an auditor for a Value Added Tax Recovery Firm.

With that roll I worked with many Aviation companies along with a large variety of companies and sports teams, and I'm very excited to bring my skills to this team. I love new challenges and adventures. Can't wait to work with you all!"

AEROMEDICAL ADVISORY a checkup on all things aeromedical

Reprinted with FAA /FAS permission from FAS Medical Bulletin
Vol. 59, No. 2, December 2024

Grand Rounds and Other Items

By Susan Northrup, MD, MPH
Federal Air Surgeon

Time certainly flies! In the past six months, the Office of Aerospace Medicine has been leaning forward to innovate and modernize our processes and policies. Hopefully, many of you have availed yourself of the training opportunities afforded by the virtual Grand Rounds we are hosting each month for approved CME. Holidays and late breaking news required us to move the November and December sessions, and I thank you for being flexible. If you haven't looked into attending, please do. We send notifications a couple of days prior to each Grand Rounds with the Zoom details. Please be on time as we cover a lot of details, and we want to award you CME for attending. You will need to clearly display your name to receive the FREE CME Credit for the sessions.

By now, you all should have my goal for the Office of Aerospace Medicine: To return individuals to flying or controlling as soon as it is safe to do so, in a manner that is transparent, consistent, and timely.

I have three major lines of effort for the next year. They are Education, Early Intervention, and Evolution of Standards. You will see them resonating throughout my messaging in the coming year.

Education

We need to improve the process knowledge for all users of our system starting with the pilot wannabes, but also including the established pilots, AMEs, pilot advocacy groups, industry and internal FAA personnel. Only by educating everyone in the system can we truly attain lasting efficiencies. The better educated a pilot is the greater the likelihood they will provide exactly what we need to make a decision the first time we touch a case. While we have been consistently modifying the AME Guide to put more direction in plain language, AMEs are an invaluable part of helping them navigate our system. This bulletin, the Ground Rounds, our Seminars, and real-time messages through AMCS are some of the methods we are using to update information to the AMEs. We keep striving to reach out to all participants in a manner that is effective for their learning.

Early Intervention

Did you know there is a study quantifying pilots take significantly longer to seek care than the average American citizen? Dr. William Hoffman and crew have published several studies you might want to read. The reasons range from fear to stigma to lack of understanding of the process just to name a few. There is a really good description in the Mental Health and Medical Clearance Aviation Rulemaking Committee report of the barriers. We need a culture change and awareness campaigns to get the word to pilots waiting doesn't help and, in many cases, makes it more difficult to return to flying. Mild to moderate disease of nearly every sort is easier for us to adjudicate favorably. We have to keep beating the drum for change in getting help early.

Evolution of Standards

We are actively taking steps to move to the medical certification process of the future going to science-based approaches using Safety Management System techniques. Almost every month we publish updates in the Guide for Aviation Medical Examiners. We strive to get quality decisions using the most up to date scientific knowledge. We will keep doing this moving forward as part of our commitment to you

Finally, thank you all for what you do for aviation safety. I wish you and yours all the best in the coming New Year!

-Susan

Federal Aviation Administration

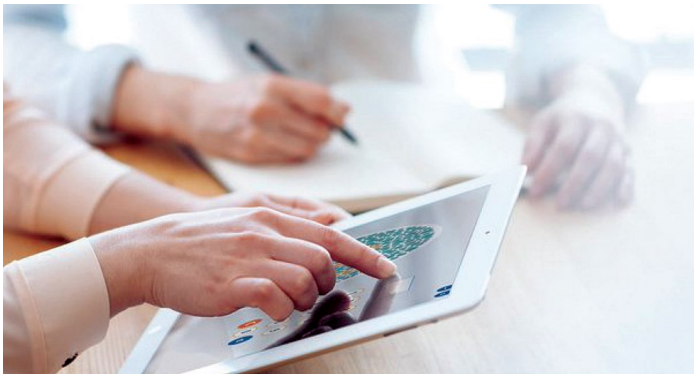
A New Era of Color Vision Testing

By Dr. Susan Northrup, FAA Federal Air Surgeon
Reprinted with FAA/FAS permission from FAA Safety Briefing Magazine, Mar 5, 2025

On Jan. 1, the FAA changed color vision testing for pilot medical certificates. This primarily impacts first-time applicants for an FAA medical certificate. There is no change in the privileges and limitations for current certificate holders. However, you might be wondering, "Why the change?"

Having adequate color vision — the "ability to perceive those colors necessary for the safe performance of airman duties" — in pilots was assumed by the developers of traditional aviation sectionals and charts, airport signage, and lighting. Color vision has been evaluated by both the FAA and military branches with various tests including the Ishihara plates and Falant Lantern. It was recognized, though, that some individuals passed the test despite a significant color vision deficiency (CVD) due to either limitations of the test or memorization of the plate order.

Over the past few decades, aviation has become an increasingly color-rich environment with multi-function displays and tablets. The FAA recognizes that adequate color vision is much more essential in aviation. The military, in fact, noted that both aircrew and flight test engineers who held waivers for CVD sometimes struggled with accurately interpreting the more modern color-rich displays.



The limitations of current testing were highlighted on July 26, 2002, when a FedEx aircraft struck trees on short final to the runway at Tallahassee Regional Airport (TLH), landed short, and was destroyed. Fortunately, there was no loss of life, although the crew was seriously injured. During the investigation, the NTSB determined that the known color deficiency of the first officer, the pilot flying, was a factor in the mishap. Notably, this individual had received a "waiver" for his CVD from both the military and the FAA. The NTSB then made several recommendations to the FAA.

Subsequently, our staff at CAMI, the Civil Aerospace Medical Institute, began an extensive review of available testing for color deficiency. It quickly became clear that the current tests had inherent limitations including color fading of the plates with time, lighting issues, and the ability of individuals to memorize the order of the plates if not shuffled. Also, none of the tests in routine use evaluated blue-yellow deficiency, which had become increasingly important in aviation.

The staff at CAMI then undertook testing of both color-normal and color-deficient individuals to determine thresholds for operationally acceptable (not necessarily normal) color vision. Following this, we began an in-depth discussion of the path forward with our ophthalmologist consultants and military counterparts. A change to computer-based testing was necessary and three such tests are now authorized. Any is acceptable and the applicant has the option of taking a test more than once (since they are randomized) or a different test if one is failed. More information can be found at bit.ly/Color_Vision_FAQs (PDF).

So, whom does this impact? We determined that those who already had an FAA medical can retain their current privileges. In other words, if someone has a CVD, but has been given a letter of evidence (LOE) or a statement of demonstrated ability (SODA), we will continue to recognize these. Note that these generally were issued following an operational color vision test (OCVT). However, these are time-consuming and expensive for both the pilot and the FAA. One of the goals for the change to computer-based tests is to minimize the need for an OCVT in the future.

First-time applicants for an FAA medical certificate after Jan. 1, 2025, will receive a computer-based test. With certain exceptions, this is a "one and done" test for them and is not required for those who have a medical issued on or prior to Dec. 31, 2024. The first exception is if you are diagnosed with a medical condition or take a medication that can impair color vision, a computer-based test will be required as part of your evaluation. This is true regardless of when you first had an FAA medical issued. The other exception is for those issued a medical prior to Jan. 1, 2025, but who request removal of a current limitation for color vision or an upgraded medical (e.g., from a Class III to a Class I or II).

We recognize that this is a significant policy change and will monitor it closely to minimize the impact on pilots while ensuring safety of flight.

Spatial Disorientation

By Jason Sigmon MD, FACS

Reprinted with FAA /FAS permission from FAS Medical Bulletin Vol. 59, No. 2, December 2024

Spatial Disorientation represents a hazard to aviation safety when it leads to a failure by the aviator or flight crew to sense correctly the position, motion, or attitude of the aircraft or of him/herself within space in relation to the earth. While failure of cockpit instrumentation and erroneous information can precipitate these accidents the factors involved are primarily human ones.

Spatial disorientation has been a recognized hazard since the dawn of human flight and to this day represents an area of robust research into its complex nature. It was understood very early in human flight that pilot's had difficulty maintaining safe orientation of an aircraft in the absence of a visible horizon. Advances in awareness and aircraft instrumentation, such as the Sperry artificial horizon, allowed for safer pilot operations and fewer spatial disorientation accidents.

While the artificial horizon was a key development in advancing the capability of aircraft operations spatial disorientation accidents continued to be a significant aviation safety concern accounting for approximately 16-20% of all fatal accidents. This led our aerospace physiology and medicine colleagues to seek out a better understanding of the human sensory system and its role in errors of orientation when piloting an aircraft. We now have a better understanding of the combined contribution of the visual and vestibular systems and the factors in flight that lead to inaccurate pilot interpretation of sensory cues.

While the incidence of aircraft accidents secondary to spatial disorientation has decreased steadily over the years, the problem persists. Our most recent spatial disorientation study at CAMI shows that approximately 10% of Part 91 general aviation fixed wing accidents between 2003 and 2021 involved spatial disorientation as the primary cause after NTSB final evaluation. As has previously been reported in prior studies over 90% of these accidents unfortunately are fatal to the pilot, passengers or even individuals on the ground.

The office of aerospace medicine is addressing the hazard of spatial disorientation in the following ways:

I. Aerospace Medical Certification

While any human engaged in piloting in aircraft in environmental conditions of diminished visibility is at-risk for spatial disorientation, it is important that the medical evaluation of pilots with potential underlying acute or chronic conditions of the inner ear or vision are identified and managed effectively to ensure aviation safety.

In 2023, the office of aerospace medicine updated the AME guide with aerospace medical disposition tables for the following conditions affecting the inner ear:

- Acoustic Neuroma
- Benign Paroxysmal Positional Vertigo
- Labyrinthitis
- Meniere's Disease
- Motion Sickness
- Perilymph Fistula
- Persistent Postural Perceptual Dizziness
- Superior Semicircular Canal Dehiscence Syndrome

II. Human Factors Research

The human factors research division at CAMI continues to study potentially contributing factors to spatial disorientation accidents including the global cognitive impact of fatigue as well as the specific performance impairment of medications or substances.

A new retrospective accident study conducted by CAMI's Human Factor's Research Division evaluated the incidence of positive post-mortem toxicology for potentially impairing medications and substances in general aviation spatial disorientation fatalities. Approximately one-third of the accidents in the study included a positive toxicology finding from CAMI's toxicology laboratory.

Future areas of research in spatial disorientation include a need to better understand how pilot's cognitively prioritize tasks when operating their aircraft in diminished visual conditions or while performing maneuvers conducive to spatial disorientation. Many spatial disorientation accidents include errors in decision-making and the inadequate use of available weather information. Research focused on a better understanding of how a pilot utilizes and processes information when making decisions is another example of the increased focus on cognition in the field of spatial disorientation research.

III. Airman Education

Ample evidence supports the positive impact of pilot training and experience in the prevention and mitigation of spatial disorientation accidents.

At CAMI, our Airman Education program is developing a comprehensive spatial disorientation practical training program for pilots utilizing our two GATS-II full motion aircraft simulators and airman education physiology team.

(Continued on Page 9)

This full-day course includes didactic classroom presentations on the topics of inner ear and visual physiology, SD accident case-studies, fatigue and the impact of potentially impairing medications or substances. The practical element of this course includes pilot participation in operationally relevant spatial disorientation flight scenarios utilizing the GATS-II full motion simulator(s).

Dr. Sigmon is a Medical Officer and Regional Flight Surgeon (International/Military/Federal) in the Aerospace Medical Education Division at CAMI (AAM-400)

Medical Certification Policy Updates

By Judith Frazier, MD, MBA

The Policy and Standards branch continues to focus on helping Aviation Medical Examiners (AMEs) more easily obtain the information needed to make a medical certification decision. This version highlights policy changes and updates published between June 2024 and October 2024. The full list of changes is hyperlinked in the Archives and Updates section of the AME Guide.

Psychiatry/Behavioral Health

Anxiety, Depression and Related Conditions– updated to remind AMEs to list/identify in block 60 which diagnosis are being use for Fast Track. Added single page with all the conditions/diagnosis which can be used for this program.

Attention-Deficit/Hyperactivity Disorder (ADHD) Disposition Table

- Clarified it is applicable for both pilots and ATCS
- Can accept if meets both Fast Track for ADHD AND Fast Track for Anxiety Depression and related conditions,
- Standard Track, clarify that separate tests must be ordered for BOTH amphetamines AND methylphenidate.

FAST TRACK PATHWAY Decision Tool for Current Deferred Cases for depression, anxiety, and related conditions available for AME use. Combines all required items for Fast Track in one place.

Neurology

CACI – Migraine and Chronic Headache Work-sheet – revised to add additional medications.

Head Injury or Brain Injury Disposition Table – expanded guidance for brain injury 5 or more years ago (Row B1) or brain injury within the past 5 years (Row B2).

Brain Injury Decision Tool for the AME – new to use with Brain Injury dispo table.

Neurology – Section updated grouping all items attached to a condition in a single place (dispo table, CACI, AASI, status summary). Align entire section as a single search page.

Otolaryngology (ENT)

ENT – New Disposition tables for:
Allergies or Anaphylaxis; (Allergic Rhinitis; Seasonal Allergic Rhinitis; Hay fever) Disposition Table.
Sinus Conditions Dispositions Table.
Speech Impediment - Stuttering, or Mechanical Conditions Disposition Table

Other Systems

Cardiology – **ECG/EKG** - AME Equipment and Medical Confidentiality, EKG/ECG equipment must be 12-lead.

Dermatology (Skin) – New Psoriasis Disposition Table, CACI – Psoriasis Worksheet and AASI – Psoriasis. Updated meds allowed for CACI

GI – **CACI -** Colitis Worksheet revised to add additional acceptable medications.

GU – Low Testosterone (Low T) Hypogonadism New Disposition Table, new CACI, new AASI, new Status Summary.

ID – Updated COVID-19 disposition table. AMEs no longer required to annotate uncomplicated, resolved COVID infection.

Musculoskeletal – Pectus Excavatum Disposition Table. (new)

Arthritis CACI – expanded to add additional medications.

Rheumatology – CACI - Arthritis Worksheet revised to add additional acceptable medications.

Miscellaneous

New page added for English Proficiency and Pilot Medical Certification. English language is not a medical requirement. Described what an AME should look for and if concerns, can opt to report to the FSDO.

Terminology update. **Aviation psychiatrist or Aviation psychologist** replaces term HIMS psychiatrist or HIMS psychologist.

Exam techniques – revised Item 35 Lungs and Chest; Item 39. Anus, Examination Techniques revised, and

Item 41. G-U System, Examination Techniques Updates. Describes what part of exam is not required unless indicated by past medical history or symptoms. It may be performed at the discretion of the AME or applicant. Document findings in Item 60.

Pharmaceuticals

Pharmaceuticals – Weight Loss Management Medications and Pre-Diabetes. Expanded the acceptable meds for CACI to include tirzepatide (GIP + GLP-1 Agonist) Mounjaro or Zepbound

Biologics, Biosimilars, and Non-biologics – new page Expands acceptable medications for colitis, psoriasis, and arthritis.

Migraine Medication – new page. Expands acceptable medications including for CACI.

Over-the-Counter Medications Reference Guide (What Medications Can I Take and Still Be Safe to Fly) – added to AME guide

Vaccines – reduced required observation time after COVID vaccine to 24 hours if no symptoms.

Administrative Changes

Special Issuances – removed AASI Certificate Issuance Coversheet. This document is no longer needed.

Help us improve the AME guide! Send you comments or suggestions to: AMEGuide@FAA.gov. (This mailbox does not answer case questions.)

Dr. Frazier is the Manager of the Policy and Standards Branch in the Office of Aerospace Medicine (AAM-220).

2024 CAMA Challenger Coins for sale during the June 2025 AsMA Meeting in Atlanta and at the CAMA meeting in September 2025 in Spokane, Washington

Proposed Bylaws changes approved via membership vote upon during the Annual Meeting Business Meeting on Friday, September 20, 2024, in Jacksonville, FL.

Current Bylaws:

ARTICLEVII.OFFICERS

Section 1. The Officers of the Association shall be:
President
Immediate Past President
President-Elect
Secretary-Treasurer
Vice President of Education
Vice President of Management and Planning
Vice President of Representation, and Communications
The EVP will be an ex-officio member of the EB and EC

****

Current Bylaws:

Section 3. Standing Committees

A. The following standing committees will report to the following Vice Presidents and be organized as follows:

1. Vice President for Management and Planning

a) Awards. The appointed Chair for this committee is to be the Immediate Past President by default. If the Immediate Past President declines or abstains from accepting this appointment, then a volunteer or duly nominated non-elected member may be appointed as the Awards Chair by the Nominating Committee.
b) Bylaws. The appointed Chair of this committee is also to be names and conduct meetings as the Parliamentarian by default. If the Bylaws chairperson declines to accept the Parliamentarian role, or is absent from a meeting, then a volunteer or duly nominated non-elected member may be appointed as Parliamentarian by the Nominating Committee – on either a temporary role during meeting
c) History. The appointed Chair for this committee is to be named the Historian.
d) Long Range Planning. The appointed Chair is to be the President-elect by default.
e) Membership
f) Civil Space Medicine

2. Vice President for Education
a) Arrangements
b) Education/Training
c) Safety and Human Factors
d) Scientific Program

Proposed Bylaws with **changes in red**:

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c) History. The appointed Chair for this committee is to be named the Historian.
d) Long Range Planning. The appointed Chair is to be the President-elect by default.
e) Membership
f) Civil Space Medicine
g) Finance Committee

2. Vice President for Education
a) Arrangements
b) Education/Training
c) Safety and Human Factors
d) Scientific Program
e) Human Intervention Motivation Study (HIMS)

Efficiency Matters – Online Scheduling

By Dean Olson, MD, CAMA HIMS Committee Chairman

Hello Everyone,

I am putting together a series of short letters intended to focus on practice improvement through efficiency. As a HIMS AME in a one-person practice, as my workload has intensified, I have had to focus on efficiency to maintain organization and a satisfying work-life balance. Although your practice may be different, perhaps some of my solutions may be helpful.

It has been said there is no money in being an AME or a HIMS AME. Is this argument a function of time, reimbursement, office location, clientele, office staff expense, billing practices, etc.? The list goes on. I would counter that argument and say that efficiency may be a significant part of the answer, but all the items listed above certainly matter and efficiency plays a part in each.

To validate my experience, I only practice as an AME/HIMS AME as my sole source of income. I have two offices, one in Dayton, OH – mostly 2nd and 3rd class pilots, but a source of a lot of consulting cases, and a second in Milwaukee, WI – mostly 1st class pilots. I perform 650 to 700 flight physicals a year and carry roughly 60 to 80 consulting cases at a time. A large portion of these are HIMS cases of all classes and types. I am also lucky enough to contract with United Airlines to work on some of their HIMS cases.

Now, certainly in a busy practice, work-life balance can be challenging. With a shrinking contingency of AMEs and an ongoing desire to help all who cross your doorstep, the demand for your time can easily be strained. I have found success depends on quality work and maximizing efficiency.

As a side note, I was lucky. When I started my solo AME practice, I didn't inherit a practice, and I didn't start my practice within a healthcare system. There were no previous office locations or systems, no paper charts, no preordained EMR to function within, and very importantly no administration constraining where, how, or what I would or could do. This gave me free reign to shape my practice for maximizing my time and efficiency right from the beginning. As with anything, this was trial and error, revision and improvement. Some things worked and some didn't, and some fell along the wayside as I learned how to be even more efficient.

Like many AMEs, I am a one person show, I have no office staff. I take out the garbage too. Having two offices in two states can certainly complicate the business. After 12 years of being an AME and 8 years on my own, my practice today has shades of my practice when I started, but currently it is much more streamlined. To say the least, when all is said and done, my practice has grown to demand organization and efficiency.

A large step toward efficiency was to set up online scheduling. There are multiple online platforms that offer online scheduling, but I chose Square Inc, which is my online platform for accepting credit card payments as well. Once I set that up, I learned pilots expect to make phone calls to set appointments for their flight physical. It became apparent through conversations that the act of searching an AME online or on the FAA AME list and making multiple calls that may go nowhere can be daunting, especially when they must do that within a busy work schedule. The story was the same for every pilot who expressed their experiences to me.

On my side of the experience early in my practice, I was spending a lot of time on the phone answering questions, conveying exam costs, and scheduling appointments. Many times, after spending 30 minutes on the phone with a pilot (that was uncompensated), I would find they took the information I provided and found another AME to see. As my practice grew and I had more cases to work for pilots, the frequent phone calls became a tremendous interruption for both my clinic time and consulting time. As bad as it might sound, I quickly learned I didn't have time for the calls.

It was then that I decided I needed to generate solutions for the calls, a new way to schedule, and way to convey information to pilots. I needed a virtual scheduling office assistant. Setting up online scheduling was a major step toward efficiency. Already having a website for my practice, I created a new page and set up the online scheduling system. I then created a voice message on my phone that directed pilots to the website and the scheduling system. I stopped answering calls from numbers I didn't recognize and let my voice mail go to work. The change was dramatic.

The scheduling system I use has a lot of customizability. It lists my services, prices, shows

my schedule, takes payment (I do this for one of my clinics, the other I take payment at the time of the visit), and sends reminder emails and text messages to the pilot when they schedule their appointment as well as when their appointment approaches. The messages provide information about how to prepare for their upcoming physical, things to bring with them, foods to avoid, where to park, what types of payments I take, etc. The scheduling system also allows me to set a no-show window and requires a credit card to hold the appointment. The pilot is not allowed to schedule the appointment without agreeing to the no show policy. If you've experienced no-shows, then you can understand how this has come in handy every now and then. The system also allows the pilot to reschedule or cancel the appointment if they need to, all without needing to contact me. When scheduling, rescheduling, or canceling appointments by the pilot, the system also automatically populates my digital calendar. The only thing I need to do is to set my schedule, which I prefer to do on a monthly basis, and adjust my prices when needed.

The feedback from my pilot population has been remarkably positive. No more struggling with dead end phone calls to AMEs who are no longer practicing, no more having to make calls during office hours just to schedule their appointment, and no more not getting calls backs when they left a message. With my system, they can be on a trip, be on a layover, be between flights, can schedule at any hour of the day or night, they can be anywhere in the world, and they can schedule their appointment right from their phone. They love it.

Just like any system, there are functional considerations that must be addressed if you set up an online scheduling system. These can include, will you set up a standard schedule each week, what office hours will you post, will you have over-flow time set aside for last minute exams, how will you handle conflicts with your regular pilots' schedule – will you make exceptions and come in on a day off, and how far out will you publish your schedule, how long will you take for each appointment, etc.

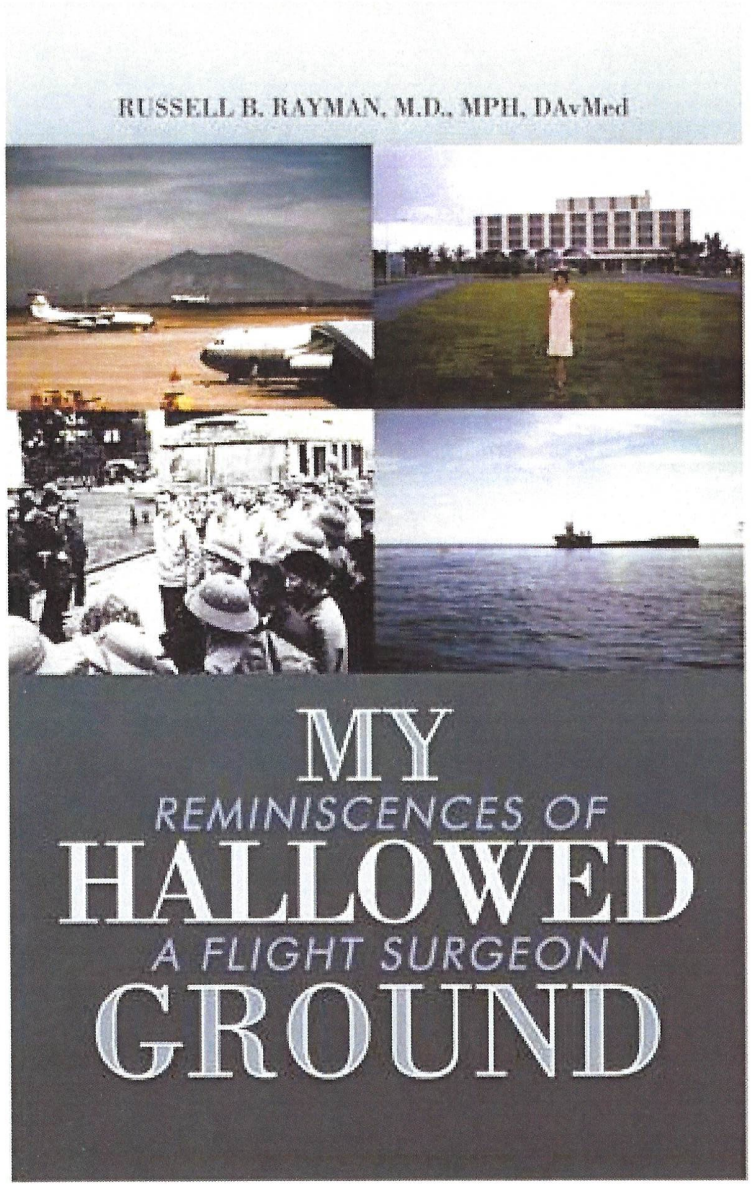
The greatest conflict may arise with gathering pilot medical information prior to setting up an appointment. Some AMEs function this way as well as gather the confirmation number prior to the appointment. In my practice, I do not communicate with pilots prior to scheduling their appointment aside from what the automated system manages. I don't try to predetermine if they have any pre-existing conditions, if they are on special issuance, or if their medical status has changed since their last exam. I handle this on the fly during their visit usually before I enter their confirmation number. If there is a disqualifying condition, depending on the details of the case, I often recommend not doing the physical and instead that we use the office visit to discuss their case and what needs to be done for their case. This has become more important considering the FAA's new policy for denials which will likely push more AMEs to screen their pilots' medical status prior to performing their flight physical. At the end of the visit, I still collect payment for their visit at the flight physical price. My consultation rate is higher than what I charge for a physical, however I feel the pilot has come in expecting to pay a certain amount and I generally do not venture beyond that amount for the visit. Before setting up the scheduling system, I was a bit more cautious and was gathering information prior to scheduling flight physicals. However, diving in, gaining experience with the scheduling system, and navigating the complications, I learned it was all manageable.

Ultimately, setting up an online scheduling system has been a win for both me and my pilots. I get more time, and they get easier scheduling. The benefits far outweigh the risks or complications. No more taking calls in the middle of clinic, after hours, or on weekends. With more efficient practice, I have more time for the fun things in life. If you have recommendations, would like to share your experiences, or are interested in learning more about what I have set up, please don't hesitate to contact me.

Dean Olson, MD
HIMS Committee Chairman
414-419-3300

Checkout the website: https://www.theamesite.com

Information from TheAMESite.com—Hello, and thanks for visiting The AME Site. I have created the site after over a decade of experience working with pilots and the FAA for medical certification. I am a HIMS AME, FAA Employee AME, and Senior AME having performed thousands of Flight Physicals and worked hundreds of complex cases. I have spent countless hours finding solutions to functional problems, creating worksheets, and navigating the AME Guide. I have created The AME Site as a way to help other AMEs be more successful and efficient with their time so that they can utilize the tools and solutions I have found to create a successful AME practice. If the tools, recommendations, and resources I have posted on The AME Site can help you save even a half-hour worth of time a month, then your joining the site will be worth it.



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by Russell B. Rayman, MD., MPH, DAvMed

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The following advertisement is provided for informational and planning purposes by the Mirebeau Park Hotel, Spokane Valley, Washington, the host hotel for the CAMA 2025 Annual Scientific Meeting. The conference will take place September 18-20, 2025. Registration for the 2025 annual meeting will open in early May, 2025. **SAVE THE DATE!!**

Following is a link with which to make room reservations for the 2025 Annual Scientific Meeting for those of you who prefer to plan in advance.

This is for the 2025 Annual Scientific Meeting only. LINK:
https://reservations.mirabeauparkhotel.com/servlet/SendPage?hotelid=1798&skipfirstpage=true&page=2062

Home Office Activities and Information

Sherry Sandoval
CAMA Executive Vice President

Dues and Membership 2025

Current Regular membership dues for a calendar year are $250.00; Sustaining Membership is $500.00; a fully retired AME may retain CAMA membership for $85.00; Life Membership is currently $2500.00; and Corporate Membership is $550.00. Medical Students, Interns, and Residents may become CAMA members at no cost. The various dues forms are available at the end of this newsletter and can also be accessed on the Members Lounge page of the CAMA website at www.civilavmed.org. If you have not done so already, please take a few moments to pay your 2025 CAMA dues so that you do not miss out on any news or activities or take this action after January 1st in 2025 if you prefer.

The easiest and safest way to pay your 2025 CAMA dues is to go to the Civil Aviation Medical Association website at **www.civilavmed.org** and click on the "Members' Lounge" page of the website. Once you are onto the "Members' Lounge" page then click onto one of the dues renewal/ membership links to pay your appropriate 2025 membership dues. The dues amount remains the same as it was in 2024. This link permits you to renew your personal membership as either a regular member at $250.00 yearly dues, $85.00 retirement member dues (as long as you are actually retired and no longer performing duties as an FAA AME), or $500.00 as a Sustaining Membership. Here is the renewal online payment form link: **Personal Membership and Renewal with Online Payment**

Here is a second link that can be used to renew your Corporate Membership so that your corporation can continue to be advertised in the CAMA newsletter and to participate in the yearly CAMA Annual Scientific Meeting as an attending member and as an exhibitor during the meeting: **Corporate Membership & Renewal with Online Payment**

Call the CAMA Home Office at 770-487-0100 or email civilavmed@aol.com if you have questions or experience problems using the CAMA website to pay your annual dues.

2025 Annual Scientific Meeting in Spokane, Washington

We are very pleased to announce that our 2025 Annual Scientific Meeting will take place September 18-20, 2025, at the Mirabeau Park Hotel in Spokane, Washington. The hotel includes a fabulous destination restaurant called Max, and Chef Andrew has promised us an amazing dining experience during our conference!

The Forrest Bird Aviation Museum and Inventor Center, located at Pappy Boyington Field just north of Coeur d'Alene, Idaho, is a short bus ride from the Mirabeau Park Hotel and will host our 2025 field trip and catered dinner. Forrest M. Bird, MD, PhD, was President of CAMA 1993-1995, and was a tremendous supporter of the organization until his death in 2015. His wife, Pamela Riddle Bird, carried on his support of CAMA until her passing later in 2015. Her daughter, Rachel Riddle Schwam, is the Executive Director of the museum and looks forward to hosting CAMA at Dr. Bird's museum among some of his favorite airplanes, cars, and amazing inventions, including the first mechanical respirator and the "Babybird" respirator that reduced the rate of breathing-related infant mortality from 70% to 10%.

To read more about this fascinating individual who was such a huge part of CAMA history, check out his Wikipedia page at **Forrest Bird - Wikipedia**.

2026 Annual Scientific Meeting in Dayton, Ohio

The Marriott University of Dayton Hotel has been contracted to host the 2026 meeting, and we have contracted with the National Museum of the US Air Force for that facility to host our 2026 field trip and catered dinner. Check out this museum on their website at: **National Museum of the USAF**.

Dayton, Ohio, has a number of other very interesting museums and attractions, many of which are within walking distance of the host hotel. Among those CAMA attendees will want to see: The Wright Brothers National Museum, The National Aviation Hall of Fame, The Wright Brothers Memorial, Carillion Historical Park, and many other sites.

Wright State University is the repository for the CAMA Archives. On the CAMA website (**www.civilavmed.org**), click on the "About CAMA" tab and scroll to "CAMA History" - the direct link to view the CAMA Archives is: **Civil Aviation Medical Association Records (MS-526) | Wright State University Research | CORE Scholar**

EDUCATIONAL OPPORTUNITIES

Online Training, Refresher, and Resources for Continuing Medical Education (CME) Credit

If you are interested in becoming an AME, please contact the FAA Regional Office responsible for your locality. AME seminar attendance requires advance approval of the AAM-400 Education Division.

Available resources from FAA 400 Education Division:

1. FAA AME refresher courses

   https://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/seminar_schedule/

   - Registration opens three months prior to the start date of the seminar.
   - Participants must be have an FAA Designee Registration System account (DRS) to sign up for the AME Refresher course
   - If you do not have an account on DRS and wish to have one, click the following link for instructions:

     https://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/media/drs.pdf

2. To locate other online courses that offer CME, click the following link:

   https://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/ametraining/

   - Clinical Aerospace Physiology Review for Aviation Medical Examiners (CAPAME) – 6 hours American Association of Family Practitioners (AAFP) CME credit available
   - Multimedia Aviation Medical Examiner Refresher Course (MAMERC) 3.0 - 6 hours AAFP CME credit available

Aviation Medical Examiner (AME) Designee Information

An Aviation Medical Examiner (AME) serves the Federal Aviation Administration (FAA) and the flying community by medically certifying pilots. Each pilot is required to meet specific medical standards depending on the class of medical certificate for which the pilot applies. The FAA Regional Flight Surgeon (RFS) in your area is responsible for determining the current need for AMEs in their region.

If you are appointed by the RFS to become an AME, you are required to attend a week-long training seminar, typically conducted four times each year in Oklahoma City, Oklahoma. This seminar is also known as the Basic AME Seminar.

After successfully completing the Basic AME seminar, subsequent training is required at three-year intervals. This training is available via our AME Seminars held at various locations in the United States. Some AME training can be completed on-line. Our AME training is accredited by the Accreditation Council for Continuing Medical Education and does meet your Continuing Medical Education (CME) requirements.

FEDERAL AIR SURGEON'S PILOT MINUTE VIDEO FILES

(To activate each link, use "control" and "mouse click" at the same time)

Pilot Minute: Can I get my medical approved if I've had a head injury?
Pilot Minute: When can an AME issue a medical certificate after a DUI?
Pilot Minute: How can I get a medical certificate with a history of leukemia or lymphoma?
Pilot Minute: Why should I be concerned about herbal remedies?
Pilot Minute: How does being hot and thirsty affect my flying?
Pilot Minute: Can I get my medical approved if I used to be on medication for ADHD?
Pilot Minute: Can I take a weight loss drug and still fly?
Pilot Minute: What are some aviation specific reasons to stay fit?
Pilot Minute: What happens to my ability to control an aircraft if I'm too cold?
Pilot Minute: If I'm on BasicMed, would I ever have to come back through the FAA again?
Pilot Minute: What happens when I get diagnosed with prostate cancer?
Pilot Minute: What happens if I get a DUI?
Pilot Minute: Do I have to report all skin cancers?
Pilot Minute: How can I get my medical certification if I have high blood pressure?
Pilot Minute: Is there a better way to get medical documents to the FAA?
Pilot Minute: How can I survive a crash in the desert?
Pilot Minute: What are some important safety considerations regarding sunglasses?
Pilot Minute: What is a verbal authorization and how does it work?
Pilot Minute: Why is it important to report disability benefits in MedXPress?
Pilot Minute: What is jet lag and how can I prevent it?
Pilot Minute: How is the FAA approaching new treatments for cancer?
Pilot Minute: How do we encourage the brightest minds into aviation?
Pilot Minute: How do I check my application status in MedXPress?
Pilot Minute: Is it okay to fly if I'm just a little tired?
Pilot Minute: What should I do if I have depression or anxiety?
Pilot Minute: Why is it important to assess my health before piloting an aircraft?
Pilot Minute: Why is it important to do a PRICE check before and during a flight?
Pilot Minute: Why is it important to be careful with over-the-counter cold and sleep medications?
Pilot Minute: Why is acceleration tolerance important for general aviation?
Pilot Minute: What are the most essential items for a good survival kit?
Pilot Minute: What's going on with the Aeromedical Summit?
Pilot Minute: What are some tips for speeding up my medical certification?

AVIATION MEDICAL EXAMINER (AME) SEMINAR SCHEDULE 2025

For full information, visit the FAA web site at: https://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/seminar_schedule/

DATE OF SEMINAR	SEMINAR LOCATION	SEMINAR TYPE
March 3-7	**Oklahoma City, OK**	**Basic**
May 16-18	**Virtual (International)**	**Refresher**
June 2-5	**Atlanta, GA**	**AsMA**
July 14-18	**Oklahoma City, OK**	**Basic**
August 8-10	**TBD**	**Refresher**
September 18-20	**Spokane, WA**	**CAMA**
October 20-24	**Oklahoma City, OK**	**Basic**
November 14-16	**TBD**	**Refresher**

The FAA recommends that you make sure all travel and lodging reservations are refundable. While scheduled to proceed as in-person seminars, one or more of these sessions may be rescheduled as a virtual seminar with little notice. These seminars will open for registration when the contract is approved and hotel room block information is received. The CAMA seminar registration will open in May 2025.

Register for a Refresher Seminar

Registration opens **three months** prior to the start date of the seminar. To register for a refresher seminar, you will need an account to access the Designee Registration System (DRS). Please review the instructions (PDF) on the FAA web site for creating a DRS account. Registration is open to the FAA Aviation Medical Examiner (AME)

If you are interested in becoming an AME, please contact the FAA Regional Office responsible for your locality. AME seminar attendance requires advance approval of the AAM-400 Education Division.

Accreditation Statement

The Civil Aerospace Medical Institute is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Seminar Types

Basic

A 4 1/2 day AME seminar focused on preparing physicians to be designated as Aviation Medical Examiners. Contact your Regional Flight Physician

Refresher

A 2 1/2 day AME refresher seminar consisting of 12 hours of AME specific subjects. You must use the Designee Registration System (DRS) to register for a seminar.

Aerospace Medical Association (AsMA)

A 3 1/2 day AME seminar held in conjunction with the Aerospace Medical Association (AsMA). Registration must be made through AsMA. Call 703-739-2240, extension 106/107. A registration fee is charged by AsMA to cover their overhead costs. Registrants have full access to the AsMA meeting.

Civil Aviation Medical Association (CAMA)

Sanctioned by the FAA, this seminar is sponsored by the Civil Aviation Medical Association (CAMA) and does fulfill the FAA recertification training requirements. Registration may be completed through the CAMA website Annual Meeting page (www.civilavmed.org) or by calling CAMA at 770-487-0100.

AME MINUTE ISSUE GUIDE

The FAA issues monthly reminders/updates for Aviation Medical Examiners in the form of a brief audio file with information on an important subject. Following is a summary of the most recent AME Minute issuances, in case you might have missed one. AME Minute items may be accessed from the FAA archive at: **https://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/videos/**

AME Minute: Why should I be concerned about a pilot's English proficiency?
AME Minute: Why did the FAA develop a new CACI for Low T?
AME Minute: Why did the FAA change the wait times for COVID vaccines?
AME Minute: Why did the FAA distinguish head injury from brain injury?
AME Minute: Why are some examinations limited to clinically indicated procedures?
AME Minute: Where can I quickly locate medical certification updates?
AME Minute: Why are ECGs frequently repeated?
AME Minute: Why did the FAA update the technical requirement for ECGs?
AME Minute: Why is it important to correctly assign time limitations on a certificate?
AME Minute: Why is it important to review a pilot's past medical history?
AME Minute: Why did the FAA allow AMEs to issue pilots with BPPV?
AME Minute: Why did FAA establish rules for some diabetic medications for weight loss?
AME Minute: Why is a pilot's age relevant to a CACI issuance for glaucoma?
AME Minute: Why does the FAA have two tracks for ADHD?
AME Minute: Why should I warn my pilots about kava and kratom?
AME Minute: Why is it important to provide details in Item 60?
AME Minute: Why did the FAA add a CACI for essential tremor?
AME Minute: Why did the FAA add another medication for psychiatric conditions?
AME Minute: Why are categories required for documents when uploading in AMCS?
AME Minute: Why should I warn my pilots about kava and kratom?
AME Minute: Why did the FAA add a CACI for essential tremor?
AME Minute: Why are categories required for documents when uploading in AMCS?
AME Minute: Why do different categories of anticoagulants have different wait times?
AME Minute: Why does the FAA now allow AASI recertification for pilots with a history of CHD?
AME Minute: Why would a pilot need an interim medical certificate?
AME Minute: Why are categories required for documents when uploading in AMCS?
AME Minute: Why do I need to confirm a pilot's name matches official identification?
AME Minute: Why did the FAA change vision limitations?
AME Minute: Why are commercial balloon pilots asking for exams?
AME Minute: Why do CACIs require specific verbiage?
AME Minute: Why does the FAA list some medications as conditionally acceptable?
AME Minute: Why did the FAA revise the GO AME website?
AME Minute: Medical Certification Updates for the AME – September 2017
AME Minute: 10 Color Vision Testing
AME Minute: Why should AMEs review visits to health professionals?
AME Minute: Why would a pilot need a verbal authorization?
AME Minute: Why did I receive a letter about a vision restriction?
AME Minute: Why does the FAA disallow AMEs from using PRNC?
AME Minute: Why does the FAA allow recertification of pilots with CHD?
AME Minute: Why do different anticoagulants have different wait times?
AME Minute: Why did the FAA introduce a policy on the TAVR procedure?
AME Minute: Why is the FAA concerned about left atrial appendage closure?
AME Minute: Why are there new requirements for AFIB or A-Flutter?
AME Minute: Why can breast cancer be issued by an AME?
AME Minute: Why do AMEs need to update their profile in DMS annually?
AME Minute: Why did the FAA issue new guidance regarding pancreatitis?
AME Minute: Why is the FAA concerned about Over the Counter Sleep Aids?
AME Minute: Why does the monitoring protocol for ITDM require so many reports?
AME Minute: Why is the FAA now certifying pilots who are on insulin?
AME Minute: Why did the FAA add an upload feature to AMCS?
AME Minute: Why do pilots need to be concerned about CBD products?
AME Minute: Why do AMEs need to worry about Subpoenas? Part 2
AME Minute: Why do AMEs need to worry about Subpoenas?
AME Minute: Why is Unexplained Syncope Aeromedically Significant?
AME Minute: Why is an evaluation required post myocardial infarction?
AME Minute: Why is Chronic Immune Thrombocytopenia a CACI?
AME Minute: Why was the CACI program developed?
AME Minute: Why is an Incomplete Right Bundle Branch Block considered a normal variant?

Civil Aviation Medical Association

Sustaining, Corporate, and Life Members

The financial resources of individual member dues alone cannot sustain the Association's pursuit of its broad goals and objectives. Its fifty-plus-year history is documented by innumerable contributions toward aviation health and safety that have become a daily expectation by airline passengers worldwide. Support from private and commercial sources is essential for CAMA to provide one of its most important functions: that of education. The following support CAMA through corporate and sustaining memberships, and we recognize the support of our lifetime members:

Corporate Members & Sponsors

Aerospace Medical Association (AsMA)
320 South Henry Street
Alexandria, VA 22314-3579
www.asma.org

Aerospace Medicine Strategic Consultation (AsMSC), PLLC
1804 Kinsale Drive
Keller, TX 76262
aerospacemedicinestrategiccons.godaddysites.com/

Aircraft Owners & Pilots Association (AOPA)
421 Aviation Way
Frederick, MD 21701
www.aopa.org

AirDocs Aeromedical Support Services
Gregory Pinnell, MD
MBS International Airport
8430 Garfield Road
Freeland, MI 48623
www.airdocs.net

Air Line Pilots Association, International
John Taylor, National Pilot Assistance Chair
7950 Jones Branch Drive, Suite 400 S
McLean, VA 22102
www.alpa.org

Allied Pilots Association
14600 Trinity Boulevard, Suite 500
Fort Worth, TX 76155
www.alliedpilots.org

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Grafton, WI 53024
www.theamesite.com

Aviation Medicine Advisory Service
15530 E. Broncos Parkway, Suite 350
Centennial, CO 80112
www.aviationmedicine.com

Barnett Law Offices, LLC
Aviation Legal Services
8411 Pyott Road, Suite 100
Lake in the Hills, IL 60156
www.BarnettLegal.com

Harvey Watt & Company, Inc,
P. O. Box 20787
Atlanta, GA 30320-9990
www.harveywatt.com

The Ison Law Firm
Anthony Ison, Esq.
P. O. Box 6342
Lakeland, FL 33807
www.thepilotlawyer.com

MedAire, Inc.
4722 N. 24th Street, Suite 450
Phoenix, AZ 85016
www.medaire.com

Neurocognitive Specialty Group
112 Magnolia Estates Drive
League City, TX 77573
www.neurocognitivespecialtygroup.com

Pilot Medical Solutions, Inc.
David Hale, CEO
7220 NW 63rd Street
Bethany, OK 73008
www.leftseat.com

Waggoner Diagnostics
16050 Quill Point Dr.
Rogers, AR 72756
(949) 396-1694
www.waggonerdiagnostics.com

Wingman Med, LLC
225 N. Pace Boulevard, Suite 410
Pensacola, FL 32505
PilotDoctors.com (Find an AME)
www.wingmanmed.com

There are a number of Corporate Members from 2024 who have not yet paid their 2025 corporate membership dues—if not received prior to the next newsletter, your company will be left off the list. Please go to the CAMA website "Members Lounge" and pay your 2025 corporate dues as soon as possible.

Life Members

Sarah E. Albers, MD, MPH
Prof. Michael Bagshaw, MB BCh
Raymond S. Basri, MD, FACS
Sanjeev Batra, DO
Kris M. Belland, DO, MPH
Michael A. Berry, MD, MS
David E. Blocker, MD, MPH
Michael Boyer, MD
Bascom K. Bradshaw, DO, MPH
Chadwick Burgdorff, MD
John R. Capurro, MD
Daljeet Kimberley Chawla, MBBS, FCGP, DNBE
George H. Coupe, DO
Bill B. Curtis, MD
Daniel A. Danczyk, MD, MPH
Andrew J. Davis, MD
M. Craig Delaughter, MD, PhD
Rolando (Roy) Diaz, MD
Mark C. Eidson, MD
Mohammed Eisa, MD
Tony Evans, MD
Donna Ewy, MD
Thomas B. Faulkner, MD
Edmond Feeks, MD, MPH
Christopher F. Flynn, MD
James R. Fraser, MD, MPH
Christopher Freeze, ATP
Aynalem Gebremariam, MD
Robert Gordon, DO
Richard T. Grossart, MD, MPH
Bradley K. Harrison, MD
Dottie Hildebrand-Trembley, RN
Ernst J. Hollman, MD
Petra A. Illig, MD
Danny S. Julian, MD
Joseph Kearns, DO
Atsuo Kikuchi, MD
Stephen M. Kirkland, MD
Stephen D. Leonard, MD
Alex M. Leonard, MD
Harriet A. Lester, MD
Ernest J. Meinhardt, MD
Andrew H. Miller, MD
Robert M. Monberg, MD
Story Musgrave, MD, PhD
Thomas Nguyen, MD
Michael G. Nosko, MD, PhD
Hugh J. O'Neill, MD
Dean M. Olson, MD
Gregory L. Ostrom, MD
Milton A. Padgett, MD
Rob G. Parrish, MD, PhD
Michael A. Pimentel, DO
Jeffrey P. Powell, MD, DDS
Stephen A. Rath, MD
Scott Redrick, MD
Sean Kevin Roden, MD
Robert M. Roeshman, MD
Mark S. Rubin, MD
Gerald W. Saboe, DO, MPH
Philip Sidell, MD
Sergio B. Seoane, MD
Kazuhito Shimada, MD
Brian Smalley, DO
Basil P. Spyropoulos, MD
E. Warren Stadler, Jr., MD
Gordon C. Steinagle, DO, MPH
Ruth Steward, RN
Shepard B. Stone, DMSc, PA
Daniel Ed Supkis, MD
Frederick E. Tilton, MD, MPH
Robert Abe Timmons, DO
Salil C. Tiwari, MD
Lars Tjensvoll, MD
Bruce A. Van Dop, DO
Stephen J. H. Veronneau, MD, MS
Kathryn Weesner, MD
Alex M. Wolbrink, MD, MS

Following is a video on Aerospace Medicine from the University of Texas Medical Branch, which is outstanding, especially for those who are new to the field:

https://utmb.hosted.panopto.com/Panopto/Pages/Embed.aspx?id=8daf6194-5952-4896-8a1f-b15d0123b16d

New Members

AME Solutions, LLC
Dean M. Olson, MD
1817 Highland Avenue, Unit 1135
Grafton, WI 53024
Senior AME, HIMS
Specialty: Aerospace Medicine

Robert Bor, Dphil
62 Rosslyn Hill, Hempstead
London, United Kingdom TA9 3RN
AsMA
Specialty: Aviation Clinical Psychology

Brian L. Dockendorf, MD
Highland Clinic
1455 East Bert Kouns Ind. Blvd.
Shreveport, LA 71115
Senior AME, Pilot, AOA, AOPA
Specialty: General Surgery

Cyril Mani
4-807 Rue Roy Est
Montreal, Quebec, Canada
McGill University, MS1
Studying Medicine, with BEng degree already
Expect—MD, CM degrees by 2028
AsMA, AMSRO

Eric O. Shreder, DO, HIMS, IMS
4838 E. Baseline Road, Suite 103
Mesa, AZ 85206
Senior AME, Pilot, HIMS
Specialist: Family Practice, HIMS

NOTE: The articles published in this newsletter are presented for informational purposes only and topics of discussion and do not necessarily represent the opinions or recommendations of the Civil Aviation Medical Association.

CAMA

CAMA MEMBERSHIP DUES NOTICE FOR 2025

*(*Required Information)*

CAMA

*MEMBER NAME & TITLE:	
*MEMBER STREET ADDRESS:	
*MEMBER STREET ADDRESS:	
*MEMBER CITY/STATE/ZIP/COUNTRY:	

AME NUMBER:		SENIOR AME?	YES		NO	

Permission to add name and address to the CAMA Web Site in the Members Only Section?	YES		NO	

Please complete and return with your payment.

NOTE: Membership is from January 1st through December 31st of each year

Membership dues…… $ 250.00 U.S. Dollars
Sustaining Membership dues (optional)..... $ 500.00 U.S. Dollars
Membership dues for Retired Members…….. $ 85.00 U.S. Dollars (Retired from medical practice AND no longer performing AME examinations for the FAA)
Membership dues for Students…….....$ FREE
Life Membership……$2500.00 U.S. Dollars

Payment Options: CAMA Accepts checks, MasterCard, VISA, Discover, or American Express.

CHECK ENCLOSED	#	MASTERCARD		VISA		American Express	x

CREDIT CARD NUMBER:	
EXPIRATION DATE:	
CVV/CVC SECURITY CODE:	
BILLING ADDRESS ZIP CODE:	
TOTAL AMOUNT/AUTHORIZED CHARGE $	$

PRINT NAME:	

Signature or authorization statement for charge:_____

SPOUSE/SIGNIFICANT OTHER NAME:	

Check if you are a member of:

PILOT	YES		NO	
AME	YES		NO	
AMA	YES		NO	
HIMS	YES		NO	
AOA	YES		NO	

EAA	YES		NO	
AOPA	YES		NO	
FPA	YES		NO	
AAFP	YES		NO	
AsMA	YES		NO	

*MEDICAL SPECIALTY:	
*CELL PHONE NUMBER:	
OTHER PHONE NUMBER:	
FAX NUMBER:	
*EMAIL ADDRESS:	

Return form to: CAMA
P. O. Box 823177
Dallas, TX 75382
FAX: 770-487-0080
Telephone: 770-487-0100
email: civilavmed@aol.com

NOTE: YOU MAY ALSO INITIATE OR RENEW YOUR CAMA MEMBERSHIP ON OUR WEBSITE AT WWW.CIVILAVMED.ORG ON THE "MEMBERS' LOUNGE" PAGE USING OUR SECURE PAY APPLICATION.

CAMA STUDENT & TRAINEE MEMBERSHIP FORM AND ANNUAL SCIENTIFIC MEETING AUDIT REQUEST

*MEMBER NAME & TITLE(S):	
*MEMBER STREET ADDRESS:	
*MEMBER STREET ADDRESS:	
*MEMBER CITY/STATE/ZIP/COUNTRY:	

WHAT IS YOUR FIELD OF STUDY?	
WHAT IS YOUR SPECIALTY OR ANTICIPATED SPECIALTY?	
WHERE ARE YOU CURRENTLY A STUDENT, INTERN, OR RESIDENT? ON FELLOWSHIP?	
WHEN DO YOU EXPECT TO GRADUATE?	
WHAT DEGREE(S) DO YOU CURRENTLY HOLD?	
WHAT DEGREE(S) DO YOU ANTICIPATE UPON GRADUATION OR COMPLETION OF STUDIES?	

Permission to add name and address to the CAMA Web Site in the Members Only Section?	YES		NO	

IF YOU PLAN TO AUDIT PRESENTATIONS DURING THE CAMA ANNUAL SCIENTIFIC MEETING, PLEASE ANNOTATE WHICH DAYS OR EVENTS YOU PLAN TO ATTEND SO THAT ID CREDENTIALS CAN BE PREPARED FOR YOU:	

Check if you are/are a member of:

*PILOT	YES		NO	
*AsMA	YES		NO	
*AMSRO	YES		NO	

*EAA	YES		NO	
*AOPA	YES		NO	
*AMA	YES		NO	

*AOA	YES		NO	
*AAFP	YES		NO	
*FPA	YES		NO	

*AME	YES		NO	
*HIMS	YES		NO	
**OTHER	YES		NO	

**OTHER ORGANIZATIONS/GROUPS	
CELL PHONE NUMBER:	
OTHER PHONE NUMBER:	
FAX NUMBER:	
*EMAIL ADDRESS:	

**(E-mail address is REQUIRED, please – all CAMA correspondence, registrations, notifications, and publications are sent via email. Please notify CAMA of any email address changes. CAMA does not share your information with any other entity or with any changes, so that you do not miss any important communication with our organization.*

NOTE: CAMA does offer discounted student registrations for our Annual Scientific Meetings, and Students may audit the educational sessions at no charge (no meals or CME included without prior payment). We do request advance notice for planning and space arrangement purposes.

PLEASE RETURN FORM TO: **CIVIL AVIATION MEDICAL ASSOCIATION (CAMA)**
P. O. BOX 823177
DALLAS, TX 75382
TELEPHONE/TEXT: 770-487-0100
EMAIL: civilavmed@aol.com

CAMA CORPORATE MEMBERSHIP FOR 2025

Corporation/Business Name and Address:

_____

_____

_____

_____

Please complete and return with your payment.

NOTE: Membership is from January 1st through December 31st.
Corporate Membership dues…… $ 550.00 U.S. Dollars.
CAMA accepts MasterCard, VISA, Discover, American Express, and checks only.
NOTE: You may pay corporate dues online on the "Members Lounge" page of the CAMA web site at www.civilavmed.org using our secure payment application.

Payment Options:

Check Enclosed #_____ MasterCard _____ VISA _____ AMEX _____

Credit Card Number: _____

CVV/CVC Security Code: _____

Zip Code of Billing Address: _____

Expiration Date: _____ **Authorized Amount $** _____

Print Name on Card: _____

Signature: _____

Return form to: CAMA
P. O. Box 823177
Dallas, TX 75382
FAX: 770-487-0080
Telephone: 770-487-0100
email: civilavmed@aol.com

PLEASE PRINT (* required information)

***Contact Person(s) Name:** _____

***Specialty/Type of Business:** _____

_____

***Phone: # ( )** _____

Cell # of Contact Person(s): ( ) _____

Fax: # ( ) _____

***E-Mail Address of Contact Person(s):**

_____