

■ Flight Physicals

Pilot Practices

A look at the doctors who specialize in caring for aviators. | BY SUZY FRISCH

It's a unique niche of medicine that pulls together allergists, anesthesiologists, sports medicine specialists, family physicians, even gynecologists: making sure pilots are healthy enough to fly.

As aviation medical examiners (AMEs), these physicians are certified by the Federal Aviation Administration (FAA) to conduct flight physicals. Many do it because they share a love of flying with their patients. Randle Corfman, Ph.D., M.D., a reproductive endocrinologist and medical director at the Midwest Center for Reproductive Health in Maple Grove, for example, is a pilot himself who flies to see patients in North Dakota, northern Minnesota, and Wisconsin. As one of about 80 AMEs in the state, he does flight physicals as a way to give back to the aviation community. "I do flight physicals out of courtesy and a responsibility to my colleagues who enjoy flying as much as I do," he says. "Most of my practice is based on flying airplanes to see patients; if I lost my license, my livelihood would be at stake. It's the same for many of them."

Corfman, who has been flying since 1983, has been the AME for Park Rapids, Minnesota, for 10 years. He conducts about three to five exams a month at the local airport. "Our true responsibility is to not issue a certificate to someone we wouldn't fly with ourselves," says Corfman, who jokes with his pilot patients that he's probably the only gynecologist to ever examine them.

The Flight Physical

To fly a plane, aviators need a pilot's license and a medical certificate. That involves getting a physical from a doctor who is an FAA-certified AME. Commercial airline transport pilots need first-class medical certificates from senior AMEs with two to three years of experience.



These pilots must receive physicals every year until age 39. At 40, they need a flight physical every six months. Second-class certificates are for commercial pilots including those who fly charters or do crop dusting, or who serve as navigators or first officers on commercial flights. They need a flight physical every year. The third-class certificate covers recreational and private pilots. Before age 40, they must have a flight physical every five years; after age 40, they need one every two years.

A flight physical doesn't stray terribly far from a traditional physical. It generally involves an AME determining whether a pilot meets the FAA's physical and psychological standards. "The bottom line we and the FAA are interested in is this: Does this pilot have a medical condition that has a reasonable probability of incapacitating him when he's flying?" says James Lakin, M.D., an allergy and immunology physician with Minnesota Allergy and Asthma

Consultants in Burnsville, who has been doing flight physicals for a decade.

In addition to covering their medical history and evaluating any changes to pilots' physical or mental health, the AME does routine checks of height, weight, blood pressure, and urine. The physical also includes extensive hearing and vision testing, including tests for visual acuity and colorblindness. The physicians also test for the eyes' range of motion and reflexes, and do an electrocardiogram on pilots older than 35 years of age. For commercial airline transport pilots, EKGs are required annually after age 40.

If an AME finds a problem during the exam, the pilot's medical certificate can either be deferred or denied. Neither happens often. Of the 421,610 exams performed in 2008 in the United States, 3 percent of pilots had their certificates deferred and .15 percent had them denied, according to the FAA.



Photo courtesy of Randle Corfman

Randle Corfman, M.D., flies to see patients in Minnesota, North Dakota, and Wisconsin and does flight physicals as a way to give back to the aviation community.

tificate is deferred or denied, it may not be the end of his or her flying career. Often pilots can satisfy the FAA by seeing a specialist and having their condition stabilized through treatment. The government, rather than the AME, then takes over monitoring and approves the pilot's medical certificate. "They have to go through certain hoops, but the FAA can work with them and get them going again," says Erik Kanten, M.D., a family physician who works out of Riverview Health Care's facilities in Crookston, Fertile, and Red Lake Falls and does flight physicals in Crookston.

A former pilot, Kanten devotes 5 to 10 percent of his practice to flight physicals. He enjoys talking shop with his fellow aviators, many of whom are agriculture pilots. Understanding that they need to keep flying to make a living, Kanten recommends that his pilot patients see him in the fall or winter. That way, if they have medical issues, they can get them resolved before the start of the growing season. "I keep them flying if I can," he says.

Philip Sidell, M.D., a family physician and senior aviation medical examiner at Morningside Family Physicians in Edina, has been involved in aviation medicine for more than 20 years. When he defers or denies a medical certificate it's usually for one of four problems, with medications being the biggest culprit. The others are cardiac issues, including arrhythmias, atrial fibrillation, coronary artery disease, and angina; diabetes; and sleep apnea.

Medications for neurological conditions, such as those used for treating ADHD or seizures, will keep pilots from flying. Recently, the FAA has permitted use of mild antidepressants under strict observation in certain circumstances. Use of other medications such as insulin and antihistamines can lead to deferrals or denials because of concerns about side effects.

Yet even when a pilot's medical cer-

A Soaring Practice

Many of the doctors who do flight physicals say their aviation practices have gotten busier in recent years, as other AMEs have retired or stopped doing exams and because there aren't a lot of physicians stepping in to take their place.

According to Lakin, some doctors are deterred from becoming FAA-certified because of the training required. Initial certification involves spending a week at the FAA Civil Aerospace Medical Institute in Oklahoma City, primarily learning how to complete the FAA's paperwork for medical certificates, which can be extensive. Physicians are evaluated on how accurately they fill out the detailed forms. In order to maintain their certification, physicians must participate in continuing education every three to six years.

Doctors who want to become AMEs must first contact their regional flight surgeon. (Minnesota belongs to the Great

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Lakes Region, which is based out of Chicago.) Physicians apply to be an AME for a specific city, and they do flight physicals only in that location so they're not competing with each other and so there's a good geographic distribution. If there is a need for an AME in a community, they typically will be approved for training. Although physicians from any specialty can become AMEs, about 75 percent come from internal medicine and family medicine, according to the FAA.

The FAA gives preference to physicians who are also pilots when they are accepting new applications, says Lakin, mostly because those physicians appreciate pilots' working conditions. "Being a pilot, you are able to understand a lot better what effects a given medication or disease might have in the flight environment," he explains. "It's a totally different environment with totally different demands on the human physiology. You have a much better perspective on evaluating each pilot when you have this background."

A former U.S. Navy physician, Lakin

is a senior FAA flight surgeon and AME who has been flying for 40 years. He sees four to five pilots a week and also treats scuba divers in his practice. He says he does flight physicals more to interact with his fellow pilots than because it's highly lucrative.

"The aviation community is very unique; it's men and women who are very dedicated to their profession and they are professional to their toes. It's a lot of fun to be able to work with these folks, and I feel that I am doing a service to the community as a whole," Lakin says. "It's professionally rewarding, and it's very interesting medicine." He says with his pilot patients, he gets to see decompression sickness, issues with changes in pressure, and the impact of pressure changes on the cardiopulmonary system—conditions rarely seen in a regular medical practice.

Sidell, who is following in the AME footsteps of his late father, Franklin Sidell, M.D., enjoys interacting with pilots as well. He also likes that doing flight physicals gives him a break from dealing with

insurance red tape. Most policies do not cover flight physicals because they are considered a work requirement, so the pilots end up paying out of pocket.

Over the years, Sidell built his practice by word of mouth; today, doing flight physicals constitutes about 70 percent of his practice. He attracts aviators from as far away as Australia, Hawaii, and New Mexico. His practice, Morningside, ranks in the top 3 percent nationwide in terms of the number of flight physicals conducted annually.

Sidell, who does about 2,000 flight physicals a year, sees many of the same pilots regularly, and even though he is not their primary physician, he uses those visits as an opportunity to talk with them about their overall health. "By their perception, we can be scary because we hold the key to their career," he says of the role of AMEs. "But if you have a problem, you need someone who will help you rectify the problem. If you have an issue, we work through it." ■



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