

# **TOP KNIFE FIGHTER SURGEON COURSE**

*173 Fighter Wing  
Kingsley Field Oregon*

**RSV-5A  
AEROMEDICAL SUMMARIES**

# Criterion Referenced Objectives

- Describe the importance of the Aeromedical Summary in returning aircrew to duty following a disqualifying injury or illness
- Articulate the difference in the contents of Chapters 5 and 6 of AFI 48-123
- Describe the use and the relevance of the Waiver Guide



# Assumptions

- You are a flight surgeon
- You therefore attended AMP
- You therefore attended lectures on standards and waivers
- At some point in life you have seen an aeromedical summary, have hopefully written several, and are viewing this as a refresher for RSVP purposes



# Why is the AMS Essential?

- We don't have that many perfect specimens
- We tend to break fighter pilots
  - Acute and chronic spine issues very common
- We tend to break operators
  - PJs, CCTs, combat weathermen shot, blown up, and overused at a very high rate
- Whether or not we break them, they age

# AFI 48-123

- Most recent update 5 Nov 2013 has significant changes in format!
  - Chapter 5 – Still standards for service in the Air Force
  - Chapter 6 – Still standards for flying or special operational duty
- Medical Standards Directory
  - Extensive table of disqualifying diagnoses and to whom they apply
  - Organized according to organ system rather than class of exam now

## Section D: Ears and Hearing USAF Medical Standards

Combat Controller (1C2X1): Continued service must meet FC-III and GBC standards. In addition, initial exams need to meet interservice school requirements (SSR). <a href="#">SSR PAGE</a>									
CRO/Combat Rescue Officer (13DXA) : Must meet FC-III standards. In addition, must meet sister school requirements to attend school. <a href="#">SSR PAGE</a>									
Combat Weather (1W0X1,1W0X2,15WXX): Must meet FC-III standards. In addition, must meet sister school requirements to attend school. <a href="#">SSR PAGE</a>									
Pararescue (1T2X1) : Must meet FC-III standards. In addition, must meet sister school requirements to attend school. <a href="#">SSR PAGE</a>									
RPA Sensor Op (1U0X1); Must meet GBC standards									
SERE: Must meet SERE requirements on SERE tab. Also must meet FC-III requirements for continued jump status and interservice requirements to attend school. <a href="#">SERE SSR</a>									
STO (13DXB): Must meet FC-III standards. In addition, must meet sister school requirements to attend school. <a href="#">SSR PAGE</a>									
TAC-P (Ground Only); Must meet GBC standards									
TAC-P; Must meet FC-III and GBC standards. In addition, initial exams must meet sister service requirements to attend school. <a href="#">SSR PAGE</a>									
Ears and Hearing Disqualifying Conditions		*X* = Standard applies							Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Ground Based Controller (GBC)	Missile Operation Duty (MOD)	Operational Support Flying Duty	
EARS									
D1	Mastoidectomy or mastoiditis, followed by chronic drainage or chronic infection requiring frequent or prolonged specialized medical care.	X	X	X	X	X	X	X	
D2	Infections of ears or mastoids. When satisfactory performance of duty is prevented or because of the requirement for extensive and prolonged treatment.	X	X	X	X	X	X	X	
D3	History of mastoidectomy or mastoid surgery.		X	X	X			X	
D4	History of surgery involving the middle ear, excluding cholesteatoma.		X	X	X			X	<a href="#">SEE AMWG, See D15</a>
D5	Any surgical procedure in the middle ear that includes fenestration of the oval window or horizontal semicircular canal, any endolymphatic shunting procedure, stapedectomy, the use of any prosthesis or graft, or reconstruction of the stapes.		X	X	X			X	<a href="#">SEE AMWG</a>
D6	Eustachian tube dysfunction. Chronic or recurrent eustachian tube dysfunction (with inability to equalize middle ear pressure by valsalva maneuver).		X	X	X			X	<a href="#">SEE AMWG</a>
D7	Perforation of tympanic membrane, or surgical repair of tympanic membrane, until healing is complete and hearing is normal.		X*	X*	X*			X*	*For initial applicants, tympanic perforation or surgery is disqualifying until 120 days post-operative and hearing is normal. Traumatic or surgical opening of the tympanic membrane (including PE tubes) after age 12 unless completely healed.
D8	<a href="#">Meniere's</a> syndrome with recurrent attacks or other vestibular dysfunction of sufficient frequency and severity as to require frequent or prolonged medical care or interfere with military duties.	X	X	X	X	X	X	X	<a href="#">SEE AMWG</a>
D9	Abnormal labyrinthine function		X	X	X	X	X	X	
D10	Recurrent episodes vertigo or other dysequilibrium.	X*	X	X	X	X	X	X	* Only if chronic
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# The Air Force Waiver Guide

- Just about everything you need to know about how to go about getting your aviator or special operator a waiver so that he or she can return to the fight
- Check for updates at <https://kx2.afms.mil/kj/kx7/WaiverGuide/Pages/home.aspx>



# The Air Force Waiver Guide

- Search for the condition in question (alphabetical table of contents or keyword search) and review these areas:
  - Overview
  - Aeromedical concerns
  - Waiver consideration, including waiver potential
  - Information required for waiver submission
  - References

# The Air Force Waiver Guide

- The Waiver Guide tells the staff at MAJCOM/SG what to look for in your AMS. They are using it. So should you.
- If you follow the Waiver Guide, you:
  - Increase the chance that your waiver request will go smoothly and favorably
  - Tell the MAJCOM you know what you are talking about

# The Aeromedical Summary

- The Aeromedical Summary (AMS) is a written narrative intended to prove to your MAJCOM (or other waiver authority) that an aviator or special operator can safely perform his or her duty despite the presence of a disqualifying condition
- Part of it is pure data
- Part of it is your recommendation – make it count!



# The Aeromedical Summary

- Required sections (built into AIMWTS)
  - Identifying paragraph
  - History of illness
  - Pertinent physical examination (with labs, xrays, etc)
  - Diagnosis
  - Your recommendation to waiver authority. Be specific.

# AMS Proves that a Condition:

- 1) Does not pose a risk of sudden incapacitation
- 2) Poses minimal potential for subtle performance decrement, particularly with regard to the higher senses.
- 3) Is resolved or is stable and can be expected to remain so under the stresses of the aviation environment.
- 4) If the possibility of progression or recurrence exists, the first symptoms or signs must be easily detectable and not pose a risk to the individual or the safety of others.
- 5) Cannot require exotic tests, regular invasive procedures, or frequent absences to monitor for stability or progression.
- 6) Must be compatible with the performance of sustained flying operations in austere environments

# AIMWTS

- This is a “what is it?” slide, not a “here’s how you use it” slide
- Aeromedical Information Management Waiver Tracking System
- It’s your electronic portal to enter your member’s AMS and present it to the appropriate waiver authority
- It’s also an early warning/tracking system for waivers coming due or submitted



# The Process

- Identify potentially disqualifying condition
  - “*Doc, you got a minute?*”
  - Consult AFI 48-123/Medical Standards Directory; is it DQing?
  - If it’s checked in column one, “Retention,” it requires an MEB *before* submission for waiver
- Confirm the presence of the condition
  - Tests, consultations, whatever is appropriate
  - Consult Waiver Guide to be sure all bases covered

# The Process

- *Usually* DNIF the flyer (not universal, read 48-123 and the Air Force Waiver Guide)
  - E.g. “FC II/III trained assets with H2 require an evaluation to rule-out conductive or retrocochlear pathology (includes audiologic evaluation and potential ENT evaluation if required). Restriction from flying is not required during this work-up.” See next slide.
- Write the AMS
  - Consult the Waiver Guide again!
  - It is acceptable and possibly desirable to quote AFI 48-123 or the Waiver Guide, referring to paragraph and/or page number if the case is in question. Use good judgment.

Ears and Hearing Disqualifying Conditions		"X" = Standard applies							Comments
		Retention	Flying Class I/IA	Flying Class II	Flying Class III	Ground Based Controller (GBC)	Missile Operation Duty (MOD)	Operational Support Flying Duty	
D25	Hearing threshold level in either ear greater than or equal to H-2 profile		X	X*	X*	X			- SERE require H2 - Initial applicants for Flying Class FC/IA, II, III, GBC, must be H1 for selection. - *FC II/III Trained assets with H2 require an evaluation to rule-out conductive or retrocochlear pathology (includes audiologic evaluation and potential ENT evaluation if required). Restriction from flying is not required during this work-up.
D26	Hearing threshold level in either ear greater than or equal to H-3 profile.		X	X	X	X	X		- H2 required for initial MOD status - <a href="#">See AMWG</a>
D27	Asymmetric hearing loss as evidenced by a 25 dB or greater difference between the left and right ears at any two consecutive frequencies		X	X	X	X	X		<a href="#">See AMWG</a>

TABLE 2; Acceptable audiometric hearing level for Air Force							
Unaided hearing loss in either ear with no single value greater than:							
Frequency (HZ)	500	1000	2000	3000	4000	6000	Comments
H-1	25	25	25	35	45	45	Class I and IA, IFCII, IFCIII, AF Academy, GBC, and selected career fields as noted in the Officer and Enlisted Classification directories.
H-2	35	35	35	45	55	—	AF enlistment, commission, initial MOD, SERE, continued GBC, flyers require evaluation for continued flying (see Aircrew waiver guide for details on the evaluation)
H-3	Any loss that exceeds the values noted above, but does not qualify for H-4.						H-3 profile requires evaluation and MAJCOM waiver for continued flying, and Audiology evaluation for fitness for continued active duty.
H-4	Hearing loss sufficient to preclude safe and effective performance of duty, regardless of level of pure tone hearing loss, and despite use of hearing aids.						This degree of hearing loss is disqualifying for all military duty. These require evaluation for continued service via either ARC Fitness for Duty (FFD), Worldwide Duty (WWD) processing, or review by the DAWG IAW <a href="#">AFI 10-203</a> and <a href="#">41-210</a> for Initial RILO

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# The Process

- Enter the AMS into AIMWTS
  - Some conditions will require evaluation by the Aeromedical Consult Service at the USAF SAM, which is later entered into AIMWTS
  - Waiver Guide and/or MAJCOM can usually give you that information. Don't hesitate to call and ask!
- Wait for the answer. Call the waiver authority and let them know if there is a legitimate rush.
- Some waivers generate interim requirements. Do not blow those off.

# Take Home Points

- Don't ignore a medical condition that you know is disqualifying. Somebody has to clean that mess up later. Then advocate for your flyer.
- Do become very familiar with AFI 48-123.
- Do use the Waiver Guide. It increases your chance of success and marks you as a FS who knows what he or she is doing.
- Don't let a waiver expire.
- Do check AIMWTS for upcoming renewals. Use its capabilities to help you stay on track.

# Take Home Points

- Do recognize and lean on your SGP and technicians as resources.
- Do call your MAJCOM and ask if you aren't sure about something. It is a good idea to get your AMS right and it never hurts to establish a relationship.
- Next slide for quiz instructions

- [Go to quiz](#)
- Enter your answers on the [answer sheet](#)
- Print only one answer sheet for entire course
- Press ESC to go back to main menu