

The Sports Pilot Physical

by

Richard A. Hansen, M.D., AME

New opportunities have arisen for flying home-built kit planes, ultralights, powered parachutes, or the lighter vintage tail-draggers like Piper Cubs and Taylorcraft. The Sport Pilot licensure with revised new Federal Aviation Regulations (FARs) opened an era of aviation for pilots who either could not afford larger, faster planes or who were unable pass the rigors of the more extensive training requirements or the associated medical certification. With this change in the FARs have come many questions from pilots, particularly the older ones who dreaded those “medical” exams, or the biennial flight review. Some pilots, erroneously, have assumed that with this new Sport Pilot designation, comes total freedom from the medical requirements. And, that is not the case. The onus has simply shifted to the pilot, his honest assessment of personal health status, and the advice of his personal physician, not to mention the family members.

In reality, there is nothing wrong with being your own doctor. Pilots must consider their health status, and the presence or absence of disease, every time they fly. It is part of the pre-flight routine to assess your fitness to fly. Remember the I M SAFE acronym printed on many cross-country check-lists and popularized by the FAA? The “I” stands for illness. Do I have any symptoms or signs of illness that would affect my safety in flight? Do I have an underlying disease, such as cancer, diabetes, or heart disease that would affect my ability to fly, or safely land? If there is doubt about your suitability to serve as pilot-in-command, it is better to ground yourself, get some medical help to tune up those health problems, and be sure you can land that ultralight or PPC.

The “M” represents the matter of Medications. It is not only the FAA that publishes a list of drugs that make it risky to fly. A pilot’s spouse might have equal concern. Or, your personal physician; or the flight instructor at your local airport. Drugs such as antihistamines, sleeping pills, tranquilizers, and pain pills such as Vicodin or other morphine-like chemicals will impair alertness and reaction time as well as judgement. A wannabe pilot with epilepsy, or similar seizure disorder is a risk in the cockpit, whether in Sport Pilot category aircraft or a Boeing 747. Insulin-dependent diabetics must always monitor carefully their blood glucose to be sure there are no mishaps in perception, memory, or judgment when high in the sky. Understand, it is the pilot-in-command who is directly responsible for, and is the final authority as to, the operation of that airplane. Hence, he or she should always be aware of personal limitations that would affect performance as captain of the airship – whether ultralight, Cub, or tricycle.

The “S” stands for Stress. This is one of the most difficult to define personal factors affecting pilot safety. Psychological pressures at home, at work, financial worries, or family discord can all distract or confuse the pilot. They interfere with the “sterile cockpit” concept on a taxiway or in the landing pattern. It is in this area where the most so-called Hazardous Attitudes are seen, especially the sense of invulnerability or the anti-authority emotions.

The “A” reminds pilots of the dangers of beverage Alcohol. And, not all of alcohol’s effects are

gone in the first 8 hours after a drink. The vision, hearing, and reasoning may be still “under the influence” of alcohol even 12 to 24 hours after the party, depending on the amount of alcohol consumed and the individual rate of metabolism. While the FAR 91.17 gives us the 8 hour rule, “bottle to throttle,” there is still the limit of 0.04 percent of blood alcohol, though never measured unless involved in an accident or a law officer decides to test the pilot. Remember, too, that passengers are likewise forbidden to fly in a state of intoxication. The pilot should insist on this, even with his friends, and especially in the cramped cockpit of small GA or Sport airplane.

The “F” represents our perceived state of fatigue. Did the pilot get adequate sleep the night before. Or, do we feel tired, and in need of a nap? Better sleep first, and fly when rested, rather than fall asleep in the cockpit as a sorry pilot did one day, flying over Tennessee. He awoke two hours later to see nothing but water. Fortunately, the Coast Guard heard the Mayday distress call, as with fuel exhaustion the pilot got a wake-up dunking in the Gulf of Mexico.

“E” stands for eating, and the more general need for balanced nutrition. We fly better with plenty of fuel in the wing tanks, and some high octane food in the blood stream. Meal time is more than a \$100 hamburger idea. Optimum nutrition means breakfast like a king, and plenty of fruits, vegetables, and other healthy foods. Regular meal stops are just as important for good decision-making as are the pit stops for your passengers. Some would let the “E” also remind us of the need for exercise. Both are important factors in heart attack prevention, cancer resistance, and blood pressure control.

Mostly, we must remember to take care of the human machinery to the same standard of excellence we would rebuild the engine of an RV-6 or apply a new paint job to our just restored Piper Cub tail-dragger. Conventional gear is fine for a Sport Pilot. Just don’t let your tail drag when it comes to that do-it-yourself “medical.” You can save a few dollars by avoiding the AME. Just remember, though, you are now your own doctor. And, the life you save may be your own!

*[Doctor Hansen, author of the popular book on home health care, **Get Well At Home**, currently serves as medical director of the **Emerald Valley Wellness Clinic**, and its **Live-for-Health Seminars** in Creswell, Oregon. Pilots who for health reason are having trouble passing their medical should contact us. For further information or inquiries, contact: clinic1@emeraldwellness.com]*