

ORTHOPEDIC WAIVERS

CONDITION: AMPUTATION, PARTIAL UPPER AND LOWER EXTREMITY
(MULTIPLE ICD9 885, 886, 895, 896)

Published: March 2003

AEROMEDICAL CONCERNS: Hand-eye coordination, manual dexterity, and physical agility are the cornerstone of stick and rudder skills. Also incumbent upon each pilot/aircrew is the ability to survive, evade, resist, and escape.

WAIVERS:

1. Initial Applicants

a. Class 1A/1W: Initial flight applicants with partial upper or lower extremity amputations who meet induction criteria per chapters 2-9 and 2-10 of AR 40-501 will be evaluated as information only or considered for an exception to policy. Partial or complete loss of an upper or lower extremity greater than permissible by above standards shall be considered disqualifying and may be considered (per physical exam, history, and demonstrated ability) for exception to policy on a case-by-case basis.

b. Class 2, 3, 4: Waivers are only required for anatomic loss greater than induction criteria per chapters 2-9 and 2-10 of AR 40-501. Waiver shall be considered based on demonstrated ability for the applicant's prospective aviation MOS by most recent APFT as well as motor and process skills required in current MOS. Performance Based Assessment (PBA) in actual or simulated aviation work environment may be requested by USAAMA.

2. Rated Aviation Personnel (All Classes): Aviation personnel with static, fully rehabilitated partial upper extremity (UE) or lower extremity (LE) losses may request a waiver, provided they meet criteria per chapters 2-9, 2-10, and 3-14 of AR 40-501. Waiver will be contingent upon successful completion of Performance Based Assessment (in-flight assessment) and submission of information listed below.

INFORMATION REQUIRED: Aeromedical summary (AMS) to include the following:

1. History and physical with specific reference to right/left dominance range of motion at joints adjacent to amputation, related neuromuscular deficits, psychosocial adaptation, etc.
2. Operative note, radiographs, and summary from orthopedic surgeon declaring the patient rehabilitated.
3. Physical and/or occupational therapist evaluation.
4. Performance Based Assessment:
 - a. Army Physical Fitness Test (APFT) [current within 3 months].

ORTHOPEDIC WAIVERS

CONDITION: AMPUTATION, PARTIAL UPPER AND LOWER EXTREMITY
(MULTIPLE ICD9 885, 886, 895, 896)

Published: March 2003

b. Demonstrated donning and use of all Aviation Life Support Equipment (ALSE) and preflight maneuvers.

c. An aircraft/cockpit in-flight evaluation by the standardization IP, as designated by the first 0-6 in the chain of command, including access and egress, emergency procedures appropriate for airframe, as well as close evaluation of any “loss-challenged activities,” e.g. pulling circuit breakers s/p digit amputation, hydraulics off maneuvers, etc.

d. Flight surgeon disposition with regard to aeromedical fitness. This should be based, when possible, upon observed in-flight evaluation, utilization of ALSE, and preflight maneuvers. Flight surgeon assessment of endurance factors, body mechanics, and ergonomics while completing PBA is a valuable part of the AMS.

5. Findings from the Medical Evaluation Board (MEB) and/or Physical Evaluation Board must be submitted, if applicable.

FOLLOW UP: A static upper extremity or lower extremity amputation (well-healed, well-padded, painless to palpation, with or without a properly fitting prosthesis) is not deemed to require further routine specialty medical evaluation.

TREATMENT: Per surgical recommendation.

DISCUSSION: Successful functional adaptation to loss of an appendage is dependent upon a host of factors, including the following: age at time of loss, R/L dominance, associated neural deficits, loss of motion of adjacent joints, psychological adaptation and most importantly, motivation on the part of the amputee. Traditionally, partial or complete loss of an appendage has been considered disqualifying for DIF. Documented cases of successful return to military flight status following severe anatomic loss are on record. The following three criteria shall be met for any aviation personnel status post amputation:

1. Amputee is in excellent general health with a limited, static loss who has completed maximal rehabilitation.
2. Aviator’s ability to perform specific military tasks relating to survival, evasion, resistance, and escape have been demonstrated through retention via MEB/PEB as well as AFPT.
3. Performance based evaluation for DIF has been completed by the battalion’s standardization IP in a functional check ride to include standard and emergency procedures.

REFERENCE: Assessment of motor and process skills.
<http://www.colostate.edu/Programs/AMPS/amps.htm>