

CARDIOVASCULAR WAIVERS

CONDITION: ABNORMAL CARDIAC FUNCTION TESTING

Revised November 2001

AEROMEDICAL CONCERNS: Each of the cardiovascular function tests (EBCT, AGXT, 24-hour Holter monitor, ECHO, Thallium or Sestamibi scan, etc.), when either frankly abnormal or borderline is indicative of possible underlying coronary artery disease. The risk of sudden incapacitation in flight remains undefined until such time as an appropriate cardiovascular evaluation is completed.

WAIVERS: In the absence of coronary artery disease, full flight status is to be expected and the information is filed Information Only. The presence of minimal coronary artery disease on catheterization may lead to restrictions in flight status (see Coronary Artery Disease APL). Waivers for dysrhythmias are discussed on the pages for the respective dysrhythmias. Aircrew members who are required to undergo further testing but refuse for any personal reason are normally terminated from aviation duties.

G Code	Condition
G349	Abnormal GXT
G985	Abnormal Holter
G992	Abnormal ECHO
G973	Abnormal Thallium Scan
G924	Abnormal EBCT

INFORMATION REQUIRED: Copies of only the final reports from ECGs, Holter monitor, AGXT, EBCT, echocardiogram and cardiac catheterization are required. Copies of all tracings from ECGs, Holter monitor, and AGXT as well as echocardiogram films and locally performed cardiac catheterization films may be requested for review by USAAMA in coordination with Aerospace Cardiology Consultants. Waivers will not be recommended until the requested studies are completed and forwarded for review. In certain cases, direct consultation will be arranged with the Army Aeromedical Cardiology Consultant.

FOLLOW-UP: None required if testing is normal. For specific waiverable abnormalities, see the individual conditions as listed in APLs.

TREATMENT: N/A.

DISCUSSION: In the U.S. Army cardiovascular screening program, 11% of over 40,000 males over the age of 40 had an abnormal ECG. Further investigation of such patients by AGXT would produce both false positives and false negatives. Rayman reported that 67% of airmen with positive GXT studies had normal coronary angiography. About 80% of patients with severe disease and poor prognosis will be detected by AGXT alone. Thallium scanning adds specificity, and can be used in the

evaluation of aircrew members with borderline testing. Its main use is to identify those patients who actually require cardiac catheterization.