

TeamCME
National Network of DOT Medical Examiners

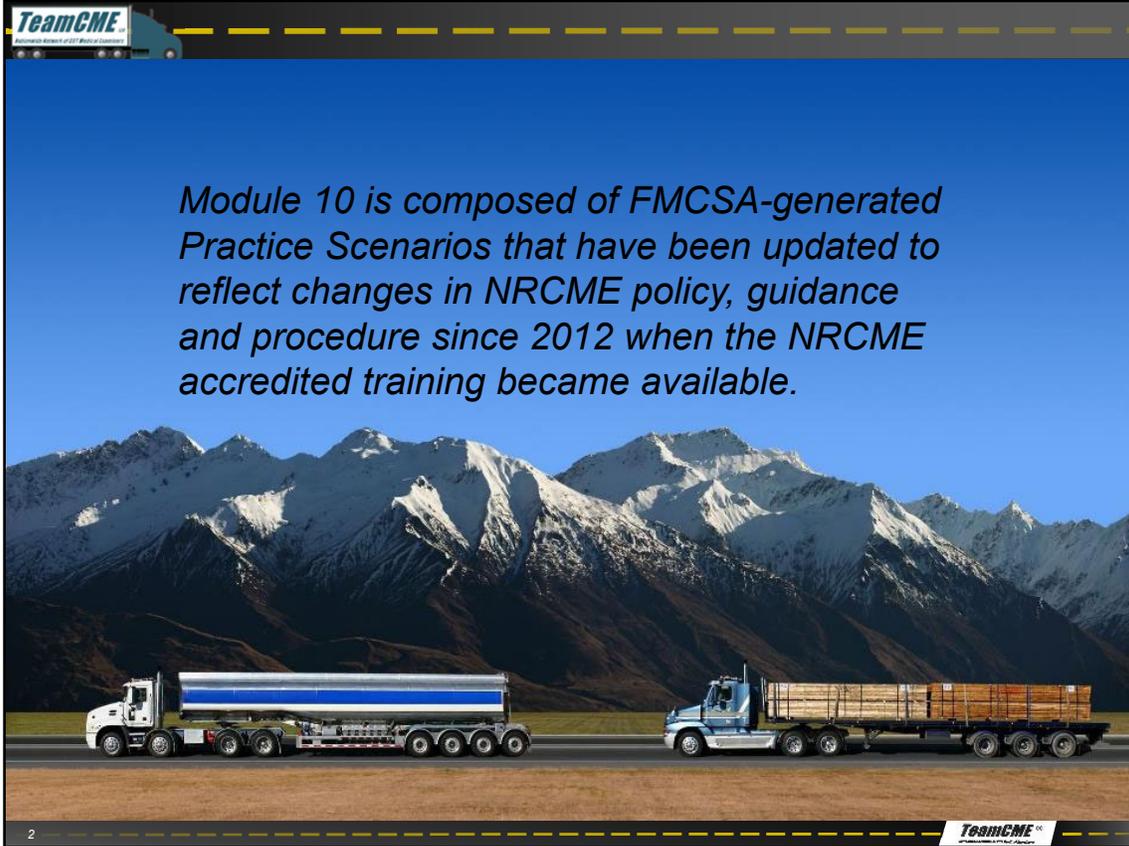
**Accredited Training for the
National Registry of
Certified
Medical Examiners**

Module 10

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Welcome to Module 10 of the TeamCME accredited training for the National Registry of Certified Medical Examiners.



Module 10 is composed of FMCSA-generated Practice Scenarios that have been updated to reflect changes in NRCME policy, guidance and procedure since 2012 when the NRCME accredited training became available.

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Accelerated Approval of CME Activities



FMCSA PRACTICE SCENARIOS

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In this module we will be reviewing 15 FMCSA-prepared scenarios. Medical examiners should not expect these scenarios to represent what will appear on the certification test. However, the questions and FMCSA answers are representative of the thinking process medical examiners should use to analyze and determine the appropriate driving status. Because of changes in the medical exam report form, the addition to determination pending driver status, and the removal of the “follow up exam” protocol, the following scenarios have been modified to reflect these changes. Medical examiners should remember that determination pending can be considered as an option to issuing a limited duration medical certificate except when the driver is no longer considered safe to drive.

Scenario 1 History

- Driver stated that PCP had dx DM approximately 2 yrs ago after having “sugar spillage” in his DOT UA. Subsequent “fasting blood sugar” confirmed mild DM. His initial A1c was approximately 8% and the driver was placed on a diet via dietician referral. He has lost approximately 50 lbs. and relies only on diet to control his diabetes. He has periodic blood glucose monitoring performed by his PCP twice a year, including an A1c test.
- The driver provided a copy of PCP records :
 - Last A1C (2 mos. ago) was 7.2% (previous 7.3).
 - No hypoglycemic episodes
 - Continues with gradual weight loss over 2 yrs
 - No dx target organ effects/damage noted
 - Compliant with evaluation and recommended Tx.

Scenario number 1. While performing the driver's history, the driver states that their primary care physician had diagnosed them with diabetes mellitus approximately two years ago after having sugar spillage in their DOT urinalysis. A subsequent fasting blood sugar test confirmed mild diabetes mellitus. Their initial A1C was approximately 8% and the driver was placed on a diet by way of a dietitian referral. The driver has since lost approximately 50 pounds and relies only on diet to control their diabetes. They have periodic blood glucose monitoring performed by their primary care provider with an evaluation twice a year which includes an A1C test. The driver has brought in a copy of the primary care provider's records. The most recent A1C was performed two months ago which resulted in 7.2%. The previous test was 7.3%. The driver has no hypoglycemic episodes noted in the record and continues with gradual weight loss over the last two years. There is no diagnosis of target organ damage noted in the records and the driver is compliant with the evaluation and recommended treatment.

Scenario 1 Exam

- Sex: Male
- Age: 55
- Ht 70"
- Weight: 225 lbs.
- Vision:
 - Rt 20/25; Lt 20/20; Both 20/20. No glasses.
 - Not color blind
 - No monocular vision
 - Horizontal Fields 80/80
- Hearing:
 - No hearing aide, Whisper test 5 right, 5 left
- BP = 134/80; Pulse = 86 bpm and regular
- UA:
 - SG 1.030
 - Negative for Protein, Blood, & Glucose
- Comments:
 - Elevated BMI
 - Obese abdomen
- The rest of the physical examination was WNL

Should the driver be certified or disqualified? Why?

Here are the results of the examination. As we read through the data, you should be looking for areas that are of concern or abnormal. The driver is a 55 year-old male who stands at 5 feet 10 inches tall and weighing 225 pounds. Vision results are right 20/25, left 20/20 and 20/20 when both eyes are tested together. The driver does not wear glasses. He is not colorblind. Does not have monocular vision. His lateral horizontal vision is 80 degrees bilaterally. The results of the whisper test are 5 feet on the right and 5 feet on the left and the driver did not use a hearing aid. The drivers blood pressure was 134/80 and a regular pulse of 86 beats per minute. Urinalysis resulted in a specific gravity of 1.030, and negative for protein, blood, and glucose. The Medical examiner comments that the driver has an elevated BMI and an obese abdomen. The rest of the exam was within normal limits. Should this driver be disqualified or certified to drive, and why?

Scenario 1 Best Outcome

- History and Exam do not reveal any evidence of abnormality regarding the treatment of his DM including:
 - Normal UA
 - No evidence of target organ damage
 - No historical evidence of hypoglycemic event
 - Not well controlled DM

Certify for 1 year.

Concerning his diabetes, the history and the examination did not reveal any evidence of abnormality, including a normal UA, no evidence of target organ damage, and no historical evidence of a hypoglycemic event. The driver's A1c shows that his diabetes is "not well controlled" with an A1c of 7.2%. If the driver's A1c had been at or below 6.5%, the ME could consider qualifying this driver for up to two years. Calculation of the driver's BMI is just over 32. The driver would need to have 3 or more risk factors for sleep apnea before testing would be required. The best FMCSA outcome is to certify the driver for one year.

Scenario 2 History

- “Yes” response to Nervous or psychiatric disorders.
 - Medication listed was paroxetine (Paxil), 40 mg once daily.
- Family Hx: Father had a hx of depression and died of acute MI at age 83. Mother also has a hx of depression, is medicated and functional.
- Comments:
 - Driver provided a letter from his psychiatrist that is dated 4 months ago. Record includes:
 - Hx of suicide attempt 6 months prior to report (10 months ago).
 - Suicide attempt followed drowning of 2 yr. old son in swimming pool accident.
 - Psychiatrist clearance to RTW and normal activities

Scenario number 2: During the history portion of the exam the driver checks “yes” on the box that says, “nervous or psychiatric disorder” and indicates that he is taking Paxil, 40 mg once daily. The driver’s family history indicates his father had a history of depression and a heart attack and died when 83. His mother has a history of depression and is medicated and functional. In the medical examiner comment section, it’s reported that driver provided a letter from his psychiatrist dated four months ago. This record includes a history of a suicide attempt that occurred six months prior to the report following the drowning of the driver’s two-year-old son in a swimming pool accident. The psychiatrist has cleared the driver to return to work and normal activities.

Scenario 2 History Continued

- Additional comments:
 - Driver admits to seeking professional help because of feelings of excessive guilt over the incident
 - He denies current suicidal or homicidal ideation or hallucinations.
 - He denies any adverse side effects from Paxil.
 - He admits to drinking several cups of coffee per day, drinking 1-2 beers on weekends only
 - Denies any drug use.
 - He says he needs to be certified to drive or he will lose his job. He has been a driver and working for his current employer for the last 10 yrs. with a clean driving record.

The driver admits to seeking professional help because of excessive guilt over the pool incident. He denies any current suicidal or homicidal ideation or hallucinations. He denies any adverse side effects from the Paxil. He admits to drinking several cups of coffee per day, drinking 1-2 beers on the weekends and denies any other drug use. The driver says he needs to be certified to drive or he will lose his job. He has been a driver and working for his current employer for the last 10 years with a clean driving record.

Scenario 2 Exam

- Sex: Male
- Age: 43
- Ht: 71”
- Wt: 190 lbs.
- Vision:
 - Rt 20/20; Lt 20/20; Both 20/20. No glasses.
 - Not color blind
 - No monocular vision
 - Horizontal Fields 80/80
- Hearing:
 - No hearing aide; Whisper test Rt 5; Lt 5.
- BP = 132/84; Pulse = 84 bpm and regular
- UA:
 - SG 1.020
 - Negative for Protein, Blood, or Glucose
- Comments:
 - Although he related being stressed, his affect is normal, his appearance appropriate, and good personal hygiene
 - Physical examination is unremarkable.

Should the driver be certified or disqualified? Why?

What should the ME discuss with the driver?

Should the ME contact the employer and provide a copy of the medical exam report form?

Here are the examination results: The driver is a 43-year-old male, 5 feet 11 inches tall, and weights 190 pounds. Visual acuity is 20/20 on the right and left. Both eyes tested together is 20/20. The driver does not wear glasses. The driver's lateral horizontal fields are 80 degrees bilaterally, and he does not have monocular vision or color blindness. The whisper test results were 5 feet on the right and left. The driver's blood pressure was 132/84 and pulse was 84 beats per minute and regular. Urinalysis showed a specific gravity of 1.020 and is negative for protein, blood, and glucose. Medical examiner comments that although the driver related being stressed, his affect is normal, his appearance appropriate and personal hygiene is good. The physical examination is otherwise unremarkable. Should the driver be disqualified or certified and why? What should the medical examiner discuss with the driver? Should the medical examiner contact the employer and provide the employer a copy of the medical exam report form?

Scenario 2 Best Outcome

- There is a 1-year waiting period following an attempted suicide.
- Determination Pending is not available as remaining waiting period is longer 45 days.

DQ driver until successful completion of waiting period. Then perform a new exam and if symptom free, certify for 1 yr.

- Discussion with driver should include guidelines and waiting period. It may also include the need to consult psychiatrist relating to the stress associated with the death of his son.
- Contact the employer regarding the conditions of a short-term DQ without disclosing specific medical information.
- Provide driver with a copy of the ME report form. Document when the driver may be certified on the form.

The waiting period for depression accompanied by attempted suicide is one year. The driver has two additional months before completing the waiting period. Determination pending cannot be used in this situation because the remaining waiting period is longer than 45 days. The medical examiner should disqualify the driver until he has successfully completed the waiting period. Then a new physical exam can be performed and if the driver is symptom free and otherwise medically qualified, they can be issued a one-year medical examiner's certificate.

The discussion with the driver should include the medical guidelines and the 1-year waiting period. It may also include the need to consult a psychiatrist related to the stress associated with the death of his son. The medical examiner can contact the employer regarding the condition of the short-term disqualification **without disclosing specific medical information**. The medical examiner should provide the driver a copy of the medical exam report form and document when the driver may be certified on the form. The ME should not provide a copy of the medical examination report form to the employer without the driver's permission.

Scenario 3 History

- No “yes” responses and does not list any medications

ME Comments:

- Driver present for first-time certification. He states that he “feels fine”. He denies medications. Admits to smoking 2 packs of cigarettes per day, and drinks 10 “Jolt” colas per day.
- He presents with poor eye contact and flat affect.

Scenario three: The driver does not mark any “yes” responses and does not list any medication being taken. The medical examiner comments that the driver presents for a first-time certification. The driver states that he feels fine, denies taking any medications, admits to smoking two packs of cigarettes per day, and drinks 10 “Jolt” colas per day. He presents with poor eye contact and a flat affect.

Scenario 3 Exam

- Sex: Male
- Age: 22
- Ht: 72"
- Wt: 182 lbs.
- Vision:
 - Uncorrected acuity: Rt 20/20; Lt 20/20; Both 20/20.
 - Horizontal vision 90/90
 - Not color blind, no monocular vision.
- Hearing:
 - Whisper test: Rt 5, Lft 5
 - Audio test = avg. loss of 31.6 db
- BP = 120/68; Pulse = 96bpm and regular
- UA:
 - SG: 1.020
 - Negative for Protein, Blood, or Glucose
- Comments:
 - Tremor at rest, left eyelid tic.
 - Pupils sluggish, extraocular eye movements lack convergence.
 - His mouth is dry.
 - Refused to pull down pants for hernia exam stating "can't undress"
 - Mild ataxia. Romberg positive
 - Significant concern about psych. pathology. Driver declined to participate in mini mental status exam stating, "this is dumb".

Should the driver be certified or disqualified? Why?

Here are the exam results: The driver is a 22-year-old male. He is 6-ft tall and weights 182 pounds. Visual acuity is 20/20 on the right and left. When tested together the driver has 20/20 vision. The driver's lateral horizontal vision is 90 degrees on both sides, he is not colorblind and does not have monocular vision. The results of the whisper test were 5 feet on the right and 5 feet on the left. The driver had audiometric testing which indicated an average hearing loss of 31.6 decibels. Blood pressure was 120/68 and pulse was 96 and regular. Urinalysis indicated specific gravity of 1.020 and was negative for protein, blood, and glucose. The Medical examiner's comments that the driver has a tremor at rest and a left eyelid tic. Pupils are sluggish and extraocular eye movements lack convergence. The driver has dry mouth and when requested for the hernia exam to pull down his pants, he refused, stating "can't undress". The driver has mild ataxia and has a positive Romberg sign. The medical examiner expresses concern about possible psychological pathology. The driver decided not to participate in a mini-mental status exam stating, "this is dumb". Should this driver be disqualified or certified and why?

Scenario 3 Best Outcome

Determination Pending cannot be used because the exam was not completed in full.

The medical examiner should report this exam as “incomplete” or “disqualified”.

Before being certified to drive, the driver should be required to have a mental and neurological evaluation based upon exam findings that the driver was uncooperative, has inconsistent responses, a flat affect, was easily provoked, and the medical examiner is unable to perform a reliable history and physical examination.

The driver would need a new exam to be issued a medical certificate.

Determination pending cannot be used because the driver did not comply with the actions required for the hernia check and mental health survey. The medical examiner should report this exam as “incomplete” or “disqualified”. The driver should be required to have a mental and neurological evaluation based upon exam findings that the driver was uncooperative, had inconsistent responses, displayed a flat affect, was easily provoked, and the medical examiner was unable to perform a reliable history and physical exam. The driver would need to have a new exam to be issued a medical certificate.

Scenario 4 History

- “Yes” responses: None
- Medications: None
- Comments:
 - Driver admits to having just completed her “first ever” 30-day alcohol rehabilitation that was court-mandated after her reported DUI. She has a scheduled Alcoholic Anonymous meeting this evening.
 - She is on no reported meds. She has had no SAP evaluation but admits to seeing “rehab counselors” and an “alcoholic doctor” evaluation within the “rehab” facility.

Scenario number four: The driver does not mark any yes boxes or indicate any medications being taken. In the medical examiner’s comment section, the following appears; Driver admits having to completed her first ever 30-day alcohol rehabilitation that was court mandated after a DUI. She has scheduled to attend an alcohol anonymous meeting this evening. She is on no medications, has not had an SAP evaluation, but admits to seeing a rehab counselor and an alcoholic doctor and to having an evaluation within a rehab facility.

Scenario 4 Exam

- Sex: Female
- Age: 42
- Ht: 52"
- Wt: 150 lbs.
- Vision:
 - Uncorrected: Rt: 20/25; Lft: 20/20; Both: 20/20
 - Horizontal Fields: 80/80
 - Not color blind, no monocular vision.
- Hearing
 - No hearing aide
 - Whisper test: Rt 5; Lft 5.
- BP = 136/86; Pulse = 96 bpm and regular.
- UA:
 - SG: 1.030
 - Negative for Protein, Blood, or Glucose
- Physical Exam:
 - No odor of alcohol on breath.
 - No hepatosplenomegaly
 - No palmar erythema
 - Rest of exam WNL.

Should the driver be disqualified or certified to drive? Why?

Should the driver be able to drive herself home?

What documentation is required?

Here are the examination results: The driver is 42 year-old female, is 5 feet tall and weights 150 pounds. Visual acuity is uncorrected on the right 20/25, left 20/20, and when tested at the same time 20/20. Lateral horizontal fields are 80 degrees bilateral and the driver is not color blind and does not have monocular vision. Results of the whisper test are 5 feet on the right and 5 feet on the left. Driver's blood pressure is 138/86 and pulse is 96 and regular. Urinalysis indicates a specific gravity of 1.030 and is negative for protein, blood, and glucose. Comments by the medical examiner include no odor of alcohol on the breath, no hepatosplenomegaly, no palmar erythema, and that the rest of the exam in is within normal limits. Should the driver be disqualified or certified to drive and why? Should the driver be able to drive herself home? What documentation is required?

Scenario 4 Best Outcome

Driver appears to have a current clinical diagnosis of alcoholism.

Pending additional information, including SAP evaluation, the driver should not be qualified to operate a CMV.

DQ awaiting SAP evaluation

This driver appears to have a current clinical diagnosis of alcoholism. The best outcome for this driver would be for the medical examiner to disqualify the driver. Before being certified, additional needed information includes an evaluation by a SAP, the driver should not be qualified to operate a commercial motor vehicle.

Scenario 5 History

- “Yes” responses: “Loss of hearing”.
- Medications: none
- Comments: Driver presents for recert. He has a hx of frequent ear infections in childhood. He had multiple tympanic membrane ruptures and infections in elementary school and into his middle-school years. He has “always” been “hard of hearing” in his left ear.

Scenario number 5. In the driver's history the driver responds “yes” and checks the box for loss of hearing. He denies taking any medications. Medical examiner comments that the driver presents for recertification with a history of frequent ear infections occurring in childhood. He has had multiple tympanic membrane ruptures and infections in elementary school and into his middle school years. He has always been hard of hearing in his left ear.

Scenario 5 Exam

- Sex: male
- Age: 54
- Height: 74”
- Weight: 240lbs.
- Vision:
 - Uncorrected: Rt 20/30, Lt 20/30, both 20/30
 - Horizontal 90/90
 - not color blind; no monocular vision.
- Hearing
 - No hearing aide
 - Whisper test: Rt 5, Lft 3.
- BP = 134/80; Pulse = 86bpm and regular.
- UA:
 - SG 1.020 Negative for Protein, Blood, Glucose
- The rest of the exam was unremarkable except for postnasal drainage.

Should this driver be certified or disqualified Why?

If he is to be certified, for how long if the whisper test was 4 feet on the right and 3 feet on the left?

Are there any variables with whisper tests that may affect the outcome and does the driver need to see a specialist?

The following are the examination results: The driver is a 54-year-old male, 6 foot 2 feet tall, and weights 240 pounds. His visual acuity is uncorrected right 20/30, left 20/30 and when both are tested together visual acuity is 20/30. His lateral horizontal vision is 90 degree bilateral. He is not colorblind and does not have monocular vision. The results of the hearing whisper test are 5 feet on the right and 3 feet on the left. The drivers blood pressure is 134/80 and pulse is 86 beats per minute and regular. Urinalysis results are 1.020 specific gravity and negative for protein, blood, and glucose. The rest of the examination was unremarkable except for postnasal drainage. Should this driver be certified or disqualified and why? If he is to be certified, for how long if the whisper test was 4 feet on the right and 3 feet on the left? Are there any variables with whisper test that may affect the outcome? And does the driver need to see a specialist?

Scenario 5 Best Outcome

- The driver meets the hearing standard in one ear which is all that is required. The best outcome is to certify the driver for a period of two years.
 - No need to advise the driver to see a specialist because his hearing has been stable for years.
 - He might be at risk for noise-induced hearing loss. Suggesting precautions that would reduce the risk may be appropriate.
- If whisper test results were Rt 4 and Lt 3, the driver would require audiometry.

There are many variables that may impact the whisper test which include estimated distances and poor acoustics.

The driver meets the hearing standard in one ear which is all that is required. The best outcome is to certify the driver for a period of two years. There is no need to advise the driver to see a specialist because his hearing has been stable for two years. However the driver may be at risk for additional hearing loss caused by noise of commercial driving. The medical examiner may suggest precautions that might be able to reduce that risk. If the whisper test results were 4 feet on right and 3 feet on the left, the driver may still be able to meet hearing requirements through audiometric testing. There are many variables that impact the results of the whisper test. They include estimated distances and poor acoustics.

Scenario 6 History

- “Yes” responses: High blood pressure
- Medications: HCTZ (Oretic) 25mg; Enalapril (Vasotec) 20mg, both daily.
- Comments:
 - Driver smokes 1 ½ packs of cigarettes per day (for 20 years)
 - Divorced mother of 4
 - Came to exam after 10 hours driving without sleep
 - Had several cups of coffee within past 2 hours
 - Forgot to take meds before leaving home
 - Does short hauls and is home every night
 - Doesn't take extra meds with her. ME suggested she carry 1 or 2 days of meds in case of unexpected overnight stay.
 - She has been treated for HTN by PCP for 10 years. Last PCP exam was 8 months ago, and record includes expiration date for med cert of 1-year
 - Negative exam findings, BP 120/84, and PCP noted tolerates meds well and has no side effects.

Scenario number 6: The driver marks the “yes” box for “high blood pressure” and writes in the medications of HCTZ 25 mg, and Vasotec 20mg taking both daily. Medical examiner comments that driver smokes one and half packs of cigarettes per day for the last 20 years. The driver is a divorced mother of 4 who came to the exam after 10 hours of driving without sleep. The driver has had several cups of coffee within the past two hours and forgot to take her blood pressure medications before leaving home. The driver does short hauls and is at home every night. Therefore, she does not take extra medication with her. The medical examiner suggested that she carry one or two days of medications in case of an unexpected overnight stay. The driver has been treated by their PCP for hypertension for 10 years. The driver produced PCP records for the last exam eight months ago, including an expiration date for the medical certificate of one year. Exam findings are negative. The driver’s blood pressure is 120/84 and notes from the PCP indicate that the driver tolerates the medications well and has no side effects.

Scenario 6 Exam

- Sex: Female
 - Age: 42
 - Ht: 67"
 - Wt: 150 lbs.
 - Vision:
 - Uncorrected Rt, Lt and Both are 20/20
 - Horizontal 80/80
 - Not color blind; no monocular vision.
 - Hearing:
 - No hearing aide
 - Whisper test: Rt 5, Lft 3
 - BP = 151/94, Pulse = 92bpm and regular
- UA:
 - SG 1.020
 - Negative for Protein, Blood, Glucose
 - Rest of exam is unremarkable.
 - Confirmed elevated systolic/diastolic BP.

Should this driver be disqualified or certified? Why?

If the driver is certified, for what time interval?

What other requirements would there be?

What factors contributed to the hypertension at the examination?

What exam findings indicate that this driver is at low risk for a hypertensive event that would interfere with safe driving?

The exam results are as follows: The driver is a 42-year-old female, is 5 feet 7 inches tall and weighs 150 pounds. Her vision is uncorrected. Right, Left and both visual acuity is 20/20. Horizontal lateral vision is 80 degrees bilaterally. The driver is not colorblind and does not have a monocular vision. No hearing aide was used for the hearing test. Hearing results from the whisper test are 5 feet on the right and 3 feet on the left. The drivers blood pressure is 151/94 and pulse is 92 beats per minute and regular. Urinalysis indicates 1.020 specific gravity and negative for protein, blood, and glucose. The rest of the exam is unremarkable with the exception of elevated systolic and diastolic blood pressure readings. Should this driver be disqualified or certified and why? If the driver is certified, for what time interval? What other requirements would there be? What factors contributed to the hypertension at the examination and what exam findings indicate that this driver is at low risk for a hypertensive event that would interfere with safe driving?

Scenario 6 Best Outcome

- Use Determination Pending or provide a 1-time certificate for 3 months.
 - Within 45 days the driver should return for BP measurement and can be given a 1 yr. cert if BP is $\leq 140/90$.
 - If driver was given a 3-month certificate, they must complete a new physical and have a BP $\leq 140/90$ to be certified to drive.
- Numerous factors have contributed to the driver having Stage 1 HTN.
 - She missed her scheduled meds, had not rested, consumed several cups of coffee, smoking prior to exam, concerns about medical exam certificate expiring.
- She is at low risk for a hypertensive event because:
 - Stage 1 HTN does not present an immediate risk to driving
 - No hx or findings of end organ impairment
 - Only on 2 medications to manage HTN
 - Med doses are not at max. level
 - Hx of successful treatment
 - Normal UA

The best outcome for this driver is for the medical examiner to use determination pending or provide the driver a one time 3 mth certificate. The medical examiner could discuss with the driver which would work best. This depends on whether the driver's current medical certificate is expired, allowing them to drive until it expires, or for as long as 45 days whichever comes first. The determination pending status allows up to 45 days for the driver to reduce their blood pressure to less than or equal to 140/90 and for the medical examiner to possibly issue a one-year certificate without performing a new complete exam.

If the driver's current certificate expires soon, or has already expired, the driver may prefer to be issued a one time 3-month certificate so they can continue driving for the next 3 months and to return to the medical examiner when their blood pressure is less than or equal to 140/90. At that time, the medical examiner would perform a new medical exam. The medical examiner should not issue another medical certificate until the driver's blood pressure is less than or equal to 140/90 because the driver has already received a one-time 3-month medical certificate.

Scenario 7 History

- “Yes” responses: None
- Medications: None
- Comments:
 - Postmenopausal.
 - Denies exercise or special diet.
 - Smokes 2 packs per day (23 yrs.)
- Family Hx:
 - Mother MI age 53
 - Father sudden death at 59.
 - Family hx of hypercholesterolemia.
- Denies chest pain, palpitations, or shortness of breath at rest or while performing tasks.

Scenario number 7: The driver does not mark any yes boxes or indicate any medications being taken. Medical examiner comment includes that the driver is postmenopausal. The driver denies an exercise program or special diet. The driver has smoked two packs per day for the last 23 years. The driver’s family history is positive for cardiac events. Her mother died at age 53 from a heart attack and her father died of sudden death at 59. She has a positive family history of hypercholesterolemia. The Driver denies chest pain, palpitations or shortness of breath at rest or while performing tasks.

Scenario 7 exam

- Sex: Female
- Age: 62
- Ht: 62"
- Wt: 203lbs.
- Vision:
 - Uncorrected Rt 20/30, Lt 20/40, Both 20/30.
 - Horizontal Rt, Lt 90/90
 - not color blind, no monocular vision.
- Hearing:
 - No hearing aides
 - Whisper test Rt 5, Lft 5
- BP = 138/88, Pulse = 90bpm and regular
- UA:
 - SG 1.020
 - Negative for Protein, Blood, Glucose
- The physical exam reveals a markedly overweight female in no distress and causing no interference with ability to drive.
- The rest of the exam was WNL.

Should this driver be disqualified or certified? Why and for how long?

What are the risk factors for coronary heart disease and what counseling should the medical examiner provide?

The results of the examination are: Driver is a 62yo female who is 5 feet 2 inches tall and weighs 203 pounds. Uncorrected vision on the right is 20/30 and on the left is 20/40. When both eyes are tested together the driver's visual acuity is 20/30. Lateral horizontal vision right and left is 90 degrees. The driver is not colorblind and does not have monocular vision. Whisper test results are 5 feet on the right and 5 feet on the left and the driver does not wear hearing aids. The drivers blood pressure is 138/88 and pulse is 90 beats per minute and regular. Urinalysis indicates specific gravity of 1.020, protein negative, blood negative, and glucose negative. The physical exam reveals a markedly overweight female in no distress and causing no interference with ability to drive. The rest of the exam is within normal limits. The medical examiner advised the driver about addressing risk factors. Should this driver be disqualified or certified and why and for how long? What are the risk factors for coronary heart disease and what counseling should the medical examiner provide?

Scenario 7 Best Outcome

- Meets standard but due to multiple risk factors for CHD she should be certified for 1 year only.
- Risk factors for CHD:
 - Non-modifiable (Family Hx, Age, Gender)
 - Modifiable (Htn, Smoker, Hypercholesterolemia, Low HDL, DM, Overweight, Physical inactivity, Nutritional Habits).
- Counseling regarding ways to minimize risk of CHD would be appropriate.

The best outcome would be for this driver to be certified for only one year due to the multiple risk factors for coronary heart disease. Risk factors for coronary heart disease include; non-modified factors such as family history age and gender and modifiable factors such as hypertension, smoking, hypercholesteremia, low HDL's, diabetes mellitus, being overweight, physical inactivity and bad nutritional habits. The medical examiner counseling should include ways to minimize the risk of developing coronary heart disease. This driver's BMI is over 32 but under 40, and if she has 3 or more risk factors for sleep apnea she may need to be tested.

Scenario 8 History

- “Yes” responses: Heart Surgery-CABG
- Medications: ASA daily
- Comments :
 - Presence of unstable angina led to CABG 5 weeks ago.
 - Driver states he “Feels 10 years younger since surgery”.
 - Included in the cardiologist report dated 3 ½ weeks post-CABG surgery is clearance for driving.
 - Driver denies any post-surgery episodes of angina.
 - The Driver tolerates daily lo-dose aspirin with no side effects that interfere with driving ability.

Scenario number 8: The driver checks yes in the driver history indicating they have had CABG. The driver is taking aspirin daily. Driver comments include the presence of unstable angina led to CABG five weeks ago. Driver states that he feels 10 years younger since the surgery. Included in the cardiologist report dated 3.5 weeks post surgery is clearance for driving. The driver denies any post surgery episodes of angina. The driver tolerates daily low-dose aspirin with no side effects that interfere with driving ability.

Scenario 8 Exam

- Sex: Male
 - Age: 62
 - Ht: 72”
 - Wt: 180lbs
 - Vision:
 - Uncorrected Rt 20/50, Lt 20/25, Both 20/25
 - Horizontal 80/80
 - not color blind, no monocular vision.
 - Hearing:
 - Whisper test: Rt 5, Lft 5
 - BP = 112/66, Pulse = 64bpm and regular
- UA:
 - SG 1.020
 - Neg. Protein, Blood, Glucose
 - LVEF is not included in medical records
 - On auscultation, there is an S4 gallop heard best at the sternum. A median sternotomy scar consistent with recent surgery. The rest of the exam is unremarkable.
- Should this driver be disqualified or qualified and why?**
- Is there a need for any additional testing?**
- What are the long-term considerations for commercial driving for this driver?**

The results of the exam are: The driver is a 62yo male, height 6 feet and weight of 180 pounds. Visual acuity is uncorrected on the right 20/30, left 20/25, both eyes tested together 20/25. Horizontal lateral vision is 80 degrees bilateral. The driver is not colorblind and does not have monocular vision. Results of the whisper test is 5 feet on the right and 5 feet on the left. The blood pressure is 112/66 and pulse is 64 beats per minute and regular. Urinalysis indicates a specific gravity of 1.020 and is negative for protein, blood, and glucose. The left ventricular ejection fraction is not included in the medical records. On auscultation, there is an S4 gallop heard best at the sternum. The driver has a median sternotomy scar consistent with recent surgery. The rest of the exam is unremarkable. Should this driver be disqualified or qualified and why? Is there a need for any additional testing and what are the long-term considerations for commercial driving for this driver?

Scenario 8 Best Outcome

- The driver must complete the required waiting period of 3 months post CABG.
- The determination pending status cannot be used because the remaining portion of the waiting period is longer than 45 days.
The driver should be disqualified from driving.
- At the completion of the waiting period, the driver should have a new exam. If he meets all requirements, he may be certified for 1 year from that examination.
- Additional requirements for CABG include:
 - Cardiologist clearance
 - asymptomatic
 - tolerance to meds with no side effects that interfere with driving
 - Post-surgical LVEF \geq 40.
- Long term, he will need to be certified annually with annual cardiac clearance. After 5 years, he will need annual ETT
- Due to S4 gallop (a dysrhythmia), ETT would be required prior to certification.

The driver must complete the required waiting period of three months after having a CABG. The determination pending status cannot be used because the remaining portion of the waiting period is longer than 45 days. The best outcome for a driver should be disqualified from driving. At the completion of the waiting period the driver should have a new exam and if he meets all the requirements, he may be certified for one year from that date. Additional requirements for CABG include cardiologist clearance. The driver must be asymptomatic, tolerate medications, have no side effects that interfere with safe driving as well as a post surgical left ventricular ejection fraction greater than or equal to 40. In the long term the driver will be certified annually with annual cardiac clearance. After 5 years the driver will need an annual exercise tolerance test and tolerance to medications. Due to the S4 gallop, an exercise tolerance test would be required prior to certification.

Scenario 9 History

- “Yes” responses: Heart disease or heart attack
- Medications: ASA daily
- Comments:
 - Driver is currently seeing a cardiologist for a single episode of chest pain that occurred 2 weeks ago while roofing his home.
 - Chest pain:
 - Lasted ½ hour, gradually resolved without Tx.
 - Pain in left pectoral area, not radiating, and aggravated by movement of left arm. “Felt like a charley horse” with mild residual soreness present for about 24 hours.
 - Consulted PCP who referred to cardiologist.

Scenario number 9: The driver checks the “yes” box for heart disease or heart attack and is taking aspirin daily. Medical examiner comments that the driver is currently seeing a cardiologist for a single episode of chest pain that occurred two weeks ago while roofing his home. The chest pain lasted one half hour and gradually resolved without treatment. It was described as pain in the left pectoral area that did not radiate and was aggravated by movement of the left arm. The driver said that it felt like a “charley horse” and reported mild residual soreness that was present for about 24 hours. The driver consulted with his primary care provider who referred him to a cardiologist.

Scenario 9 History continued

- No recurrence of chest pain, continues to run 2 miles, 3x per week.
- No previous Hx of cardiovascular disease.
- Driver is nonsmoker, has no hyperlipidemia. Father had MI age 69
- Cardiologist report:
 - Normal EKG
 - Lab work and stress echocardiogram in 2 weeks.
 - No Meds were prescribed, no restrictions provided.

There has been no reoccurrence of chest pain and the driver continues to run 2 miles, three times per week. There is no previous history of cardiovascular disease and the driver is a non-smoker and has no hyperlipidemia. The driver's father had a heart attack at age 69. The cardiologist report indicated a normal electrocardiogram. Lab work and a stress echocardiogram were scheduled in two weeks. No medications were prescribed, and no restrictions were given.

Scenario 9 Exam

- Sex: Male
- Age: 45
- Ht: 67"
- Wt: 150lbs.
- Vision:
 - Uncorrected. Rt 20/25; Lft 20/25; Both 20/25.
 - Horizontal: 90/90.
 - No color blind; no monocular vision.
- Hearing
 - Whisper test: Rt 5; Lft 5.
- BP = 112/70, Pulse = 84bpm and regular
- UA:
 - SG 1.030
 - Neg. Protein, Blood, Glucose
- The rest of the exam is unremarkable.

Should this driver be disqualified or certified? Why?

If certified for how long?

Is there any other testing that is required?

The results of the exam are: The driver is a 45 year old male, is 5 feet 7 inches tall and weights 150 pounds. Vision is uncorrected right 20/25, left 20/25, both 20/25, horizontal vision is 90 degrees bilaterally. The driver is not colorblind and does not have monocular vision. Results of the whisper test are 5 feet on the right and 5 feet on the left. Blood pressure is 112/70 and pulse is 84 beats per minute and regular. Urinalysis indicates specific gravity 1.030, protein, blood, and glucose are all negative. The rest of the exam is unremarkable. Should this driver be disqualified or certified and why? If certified for how long? Is there any other testing that is required?

Scenario 9 Best Outcome

- He has no “current evidence of MI, angina, coronary insufficiency or other cardiac conditions.” Neither PCP nor cardiologist confirmed a cardiac condition. Exam was unremarkable.

Use determination pending OR certify the driver for 3 months to follow-up on lab and test results.

- If determination pending was used and results of testing are normal, may certify for 2 years without the requirement of performing a new exam.
- If the driver received a 3 month certificate, the driver may be certified for up to 2 years from the date of the new exam performed. when the driver return to the ME.

The driver has no current evidence of heart attack, angina, coronary insufficiency or other cardiac conditions. Neither the PCP nor cardiologist confirmed a cardiac condition, and the exam was unremarkable. The best outcome for this driver is for the medical examiner to use determination pending or to certify the driver for three months. This allows for a follow-up on the lab and stress test results. When normal results of testing are obtained, the driver may be certified for up to two years. If determination pending was used and test results have not been received within the 45-day period, the driver can be issued a three-month certificate to allow additional time to obtain test results. If test results were received, and indicate no cardiovascular disease is present, the driver may be certified for up to two years from the day the driver returned to the medical examiner.

Scenario 10 History

- “Yes” responses: HTN, shortness of breath, lung disease, emphysema, asthma, chronic bronchitis.
- Medications: Spiriva, using inhaler device (Advair), and occasional albuterol inhaler.
- Comments: Staff noticed that just walking to exam room caused driver to “huff and puff”.
 - Driver states he has been smoking 2 packs/day for 50 yrs
 - After PCP exam (1 year ago), he has cut down to ½ pack/day. During exam driver was diagnosed with “borderline” HTN, COPD, and Cor Pulmonale, secondary to COPD.
 - Driver states he uses albuterol occasionally; only 1 or 2 times per day and denies any side effects from meds.
 - PCP medical records:
 - ECHO (2 mos. old) demonstrated mild right ventricular hypertrophy, mild pulmonary HTN, but otherwise WNL.
 - Chest X-ray (6 mos. old) revealed findings consistent with COPD
 - PFT (1 yr. old) demonstrated moderate obstruction, consistent with COPD

Scenario number 10: The driver checks “yes” boxes for high blood pressure, shortness of breath, lung disease, emphysema, asthma, chronic bronchitis and indicated that he is taking Spiriva, using an Advair inhaler and occasionally using an albuterol inhaler. Medical examiner comments relate that staff noticed that driver began to “huff and puff” when walking to the exam room. Driver states he has been smoking two packs a day for 50 years but after his PCP examination 1 year ago, he's cut down to ½ pack per day. During this exam, driver was diagnosed with borderline hypertension, COPD and Cor Pulmonale, secondary to COPD. The driver denies having any side effects from the medications and that he uses albuterol occasionally, only 1 or 2 times per day. The driver provided a copy of his PCP medical records containing an echocardiogram two months ago showing right ventricular hypertrophy, and mild pulmonary hypertension and otherwise was within normal limits. A chest x-ray dated six months ago showed findings consistent with COPD, and pulmonary function testing conducted one year ago showed moderate obstruction, consistent with COPD.

Scenario 10 Exam

- Sex: Male
- Age: 65
- Ht: 70”
- Wt: 175lbs.
- Vision:
 - Corrected Rt: 20/25; Lt: 20/20; Both 20/20
 - Horizontal: Rt 80; Lt 80
 - Not color blind, no monocular vision
- Hearing:
 - Whisper test: Rt 5, Lt 5, no hearing aides.
- BP = 138/86, Pulse = 88bpm and regular
- UA:
 - SG 1.030
 - Neg. Protein, Blood, Glucose
- Pulse Oximetry: Oxygen saturation on room air was 87%.
- Physical exam:
 - Appearance older with red puffy face.
 - Grade II/VI, S4 murmur
 - Shortness of breath with mild exertion
 - Questionable ascites
 - Mild pretibial edema
 - The rest of the exam was unremarkable

The exam findings indicate this is a 65 years old male driver who is 5 feet 10 inches tall and weighs 175 pounds. Vision is corrected on the right 20/25, left 20/20, both 20/20. Horizontal lateral vision is 80 degrees both right and left. The driver is not colorblind and does not have monocular vision. Whisper test results are 5 feet bilaterally not using hearing aids. Blood pressure is 138/86 and pulse is 88 beats per minute and regular. Urinalysis indicates specific gravity 1.030 and negative for protein, blood and glucose. Pulse oximetry conducted with room air was 87%. Examination notes state an older appearing adult with red puffy face, a grade two out of six S4 murmur, shortness of breath with mild exertion, questionable ascites, and mild pretibial edema. The rest of the exam is unremarkable.

Scenario 10 Discussion

Should this driver be disqualified or certified? Why?

If certified, for how long?

- Give an example of an examination that would have confirmed symptoms reported by staff members.
- If requesting info from a Tx provider, what additional info, if any, might the ME request?

Should this driver be disqualified or certified and why? If certified, for how long? Give an example of an examination procedure that would have confirmed symptoms reported by staff members. If requesting information from the treating provider, what additional information if any might the medical examiner request?

Scenario 10 Best Outcome

- Determination Pending while awaiting pulmonary function testing. Required results would be FEV 65, FVC 60, ABG 65% or Pulse oxy of 92%.
- The ME could have had the driver jog in place for a short time, repeat stepping up and down on a step stool, or engage in any mild activity that duplicates the stress level of walking to the exam room.
- The ME should personally verify any staff-reported medical evidence that helped with driving status determination and document in comments section.

The best outcome for this driver would be for the medical examiner to use determination pending while awaiting pulmonary function testing to be performed. Required results would be FEV 65, FVC 60, Arterial blood gases 65% or pulse oximetry of 92%. The medical examiner could have had the driver jog in place for a short time, repeat stepping up and down on a step stool, or engage in any mild activity that duplicates the stress level of walking to the exam room. The medical examiner should personally verify any staff-reported medical evidence that helped with driving status determination, and document it in the comments section.

Scenario 11 History

- “Yes” responses: Any illness or injury in the past 5 years; sleep disorders; pauses in breathing while asleep; daytime sleepiness; loud snoring; regular, frequent alcohol use.
- Medications: None, uses CPAP nightly.
- Comments: Driver presents for recert with a medical certification that does not expire for 3 months.
 - He had pneumonia 2 yrs ago and was diagnosed with sleep apnea at that time. He has been using CPAP since that time and “wakes rested.”
 - He has not been to a PCP since the health problems 2 years ago.
 - He drinks 2 beers during the weekends he has off.

Scenario number 11: The driver marks the “yes” box for any illness or injury in the past five years, sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring, and regular or frequent alcohol use. Medication use was indicated none although the driver uses a CPAP every night. Medical examiner comments include that the driver presents for recertification with a medical certificate that does not expire for an additional three months. The driver states he had pneumonia two years ago and was diagnosed with sleep apnea at that time, and that he awakes refreshed. He has not been to a PCP since his health problems two years ago. He drinks two beers during the weekends he has off.

Scenario 11 Exam

- Sex: Male
- Age: 65
- Ht: 70"
- Wt: 175lbs
- Vision:
 - Corrected: Rt 20/20, Lt 20/20, both 20/20
 - Horizontal 80/90
 - not color blind; no monocular vision
- Hearing:
 - No hearing aides
 - Whisper test: Rt 5; Lft 5
- BP = 138/88, Pulse = 84bpm and regular
- UA:
 - SG: 1.030;
 - Neg. for Protein, Blood, Glucose
- Physical exam
 - Obese
 - Medium size ventral hernia that is easily reducible.
 - Rest of exam is WNL

Should this driver be disqualified or certified to drive? Why?

Should the medical examiner provide any consultation or advise?

The results of the examination are that this is a 65yo male who is 5 feet 10 inches tall and weighs 175 pounds. Vision is corrected 20/20 on the right and left and when both are tested. Horizontal vision is 80 degrees on the right and 90 degrees on the left. The driver is not color blind and does not have monocular vision. Whisper test results are 5 feet on the right and 5 feet on the left, without using hearing aids. Blood pressure is 138/88 and pulse is 84 beats per minute and regular. Urinalysis indicates specific gravity 1.030 and the results for protein, blood and glucose are negative. Examination notes include obese and medium size ventral hernia that is easily reducible. The rest of the exam is within normal limits. Should this driver be disqualified or certified to drive and why? Should the medical examiner provide any consultation or advise?

Scenario 11 Best Outcome

The exam did not reveal any findings that the driver is at risk for sudden incapacitation.

Determination pending OR Certify the driver for 2 months (the length of time remaining on his current certificate). Instruct driver to have sleep disorder evaluated by Tx provider and bring copy to recertification exam.

When the driver returns within the 45 days of determination pending status, if the Tx provider evaluation is WNL, you may certify the driver for 1-year from the date of the driver's return. If given a 2-month certificate the driver must have a new exam to return to driving.

This exam did not reveal any findings that the driver was unsafe to drive. The original FMCSA answer to this scenario was formulated before the introduction of the determination pending driving status. Their original answer was to issue a 2-month certificate which corresponds to the amount of time left on the driver's medical certificate. This may have been an indication of an FMCSA opinion that a driver be allowed to drive for the full duration of a previously issued certificate, if a medical condition has not occurred or worsened that would affect safe driving. If determination pending was used, the driver could drive for up to 45 days while they obtained clearance from a sleep specialist. If a 2-month certificate was issued, the driver would need a new medical exam to be issued a new certificate.

Scenario 12 History

- “Yes” responses: None
- Medications: None
- Comments: Driver presents for a 2-year re-certification. Negative health history, takes a multivitamin, does not smoke or use alcohol.

Scenario 12: The driver did not mark any yes responses or indicate, any medications taken. Medical examiner comments include that the driver presents for two-year recertification with a negative health history taking a multivitamin and does not smoke or use alcohol.

Scenario 12 Exam

- Sex: Female
 - Age: 42
 - Ht: 67”
 - Wt: 172lbs.
 - Vision:
 - Uncorrected; Rt 20/20, Lt 20/20; Both 20/20
 - Horizontal Rt 90; Lft 90
 - not color blind; no monocular vision
 - Hearing
 - No hearing aide
 - Rt 5; Lt 5
 - BP = 130/84, Pulse = 72bpm and regular
 - UA:
 - SG 1.020
 - Protein: +1
 - Blood: +4
 - Glucose: Neg.
 - Hemoglobin: 12.4
 - Physical Exam
 - Comments: Fourth day of menses with heavy bleeding. All other aspects of exam WNL.
- Should this driver be disqualified or certified to drive? Why?**

Examination results are that this is a 42 years old female driver who is 5 feet 7 inches tall and weighs 172 pounds. Vision is uncorrected 20/20 in the right, left and when both are tested. Horizontal vision is 90 degrees bilateral. Driver is not colorblind. Driver does not have monocular vision. Whisper test results are 5 feet on the right , 5 feet on the left, no hearing aide is used. Blood pressure is 130/84 and pulse is 72 beats per minute and regular. Urinalysis specific gravity 1.020, protein plus one, blood plus four, glucose negative, hemoglobin 12.4. Medical examiner comments includes fourth day of menses with heavy bleeding. All other aspects of exam are within normal limits. Should this driver be disqualified or certified to drive and why?

Scenario 12 Best Outcome

- She has no disqualifying health history and no abnormalities on physical exam. The UA results are explained by menses.

Certify for 2 years.

- This ME obtained a Hemoglobin count which is not typically a part of the examination.
 - Normal findings would be 12 -16 for Adult Females and 14 - 18 for Adult males.

She has no disqualifying health history and no abnormalities on physical exam. The UA results are explained by menses. The best outcome for this driver be certified for two years. This medical examiner obtained a hemoglobin count which is not typically a part of the examination. Normal findings would be 12 to 16 for adult females, 14 to 18 for adult males. MEs should know normal values for common lab testing.

Scenario 13 History

- “Yes” responses: Any illness or injury in the last 5 years
- Medications: None
- Comments: Driver had a cubital tunnel release in her right elbow 4 months ago. She did not bring any documentation from the surgeon and states that the physician retired 2 months after performing her surgery. She has not been seen by anyone else as part of surgical follow-up. She denies any prescribed medications and admits to taking an occasional OTC ibuprofen (Motrin) mainly for menstrual cramps.

Scenario 13: The driver marks the yes box for any illness or injury in the last five years but does not indicate any medications being taken. Medical examiner comments include that the driver had a cubital tunnel release in her right elbow four months ago. She did not bring any documentation from the surgeon and states that the physician retired two months ago after performing her surgery. She has not been seen by anyone else as part of the surgical follow up. She denies any prescribed medications and admits to taking an occasional over the counter ibuprofen mainly for menstrual cramps.

Scenario 13 exam

- Sex: Female
 - Age: 42
 - Ht: 64”
 - Wt: 122 lbs
 - Vision:
 - Uncorrected Rt: 20/20, Lt: 20/20; both: 20/20
 - Horizontal 90/90.
 - Not color blind
 - Hearing
 - Whisper test Rt 5; Lft 5, no hearing aides.
 - BP = 122/72, Pulse = 67bpm and regular
 - UA:
 - SG: 1.020
 - Protein, Blood, Glucose all Neg.
 - Physical exam
 - Reveals recent scar on right elbow, compatible with surgery about 4 months ago.
 - MSK exam reveals symmetrical strength and mobility in the upper extremities. Good grip strength and full ROM to the right elbow.
 - Everything else WNL.
- Should this driver be disqualified or certified? Why?**

Can cubicle tunnel surgery affect grip strength? Explain the reasoning if that can occur.

The results of the exam are that this is a 42yo female driver who is 5 feet 4 inches tall and weighs 122 pounds. Vision is uncorrected 20/20 right, left, and when both are tested. She is not colorblind, and her horizontal vision is 90 degrees bilateral. Results of the whisper test are 5 feet on the right and 5 feet on the left without the use of hearing aids. Blood pressure is 122/72 and pulse is 67 beats per minute and regular. Urinalysis indicates a specific gravity of 1.020 and negative for protein, blood, and glucose. Additional comments regarding the physical exam reveals a recent right scar on the right elbow compatible with surgery about four months ago. Musculoskeletal examination of the upper extremities reveals symmetrical strength and mobility, good grip strength. She has full range of motion to the right elbow. Everything else is within normal limits. Should this driver be disqualified or certified and why? Can cubicle tunnel surgery affect grip strength? Explain the reasoning if that can occur.

Scenario 13 Best Outcome

The surgical site is fully healed, and no abnormalities identified within the examination.

Certify for 2 years

Since cubital tunnel syndrome predominately affects the fourth and fifth fingers, and the majority of the grip strength is driven by the thumb, index and middle fingers, the preservation of sufficient grip strength to meet the standards is not unusual. However, if left untreated, it could progress to affecting the rest of the hand.

The surgical site is fully healed and there were no abnormalities identified within the examination. The best outcome for this driver is to be certified for two years. Cubital tunnel syndrome predominately effects the fourth and fifth digits and the majority of grip strength is derived by the thumb, index, and middle finger, therefore the preservation of sufficient grip strength to meet the standard is not unusual. If left untreated, cubital tunnel syndrome could progress to where it affects the rest of the hand.

Scenario 14 History

- “Yes” responses: Muscular Disease
- Medications: Interferon beta-1a (Avonex) 0.25mcg subQ every other day.
- Comments: Driver denies any side effects from the medication. She was dx with multiple sclerosis 3 months ago. She denies vision and sensory symptoms, loss of balance, or headaches. She occasionally has an itch or tingling in her left upper arm. She is right-handed.
- She sees a neurologist
 - MRI reveals plaques that are suspicious for demyelinating disease.
 - Lumbar puncture was normal.
 - Neurologist states that he is treating her for possible MS, and her neurological status has remained stable.

Scenario 14: The driver marks the yes box for muscular disease and indicates that they are taking Interferon beta-1a, or Avonex, 0.25 mg every other day. The medical examiner comments that the driver was diagnosed with multiple sclerosis three months ago. The driver denies any side effects from the medications. She denies vision or sensory symptoms, loss of balance or headaches. She occasionally has an itch or tingling in her left upper arm. She is right-handed. Driver sees a neurologist. MRI reveals plaques that are suspicious for a demyelinating disease. Lumbar puncture was normal. Neurologist states that he is treating her for possible MS and her neurologist status has remained stable.

Scenario 14 Exam

- Sex: Female
 - Age: 44
 - Ht: 64"
 - Wt: 145lbs.
 - Vision:
 - Uncorrected Rt: 20/20, Lt: 20/20; Both: 20/20
 - Horizontal 80/80
 - not color blind; no monocular vision.
 - Hearing:
 - No hearing aides
 - Whisper test: Rt 5; Lft: 5.
 - BP = 106/72, Pulse = 84bpm and regular.
- UA:
 - SG: 1.020
 - Protein, Blood, Glucose all Neg
 - Physical exam:
 - Upper extremity strength 5/5 Rt, 4/5 Lt
 - Lower extremity strength 5/5 bilateral.
 - Reflexes are 2+ bilaterally.
 - Grip strength is WNL
 - No balance deficiencies
 - The rest of the exam was unremarkable.
 - She scored 27/30 on Folstein's test (mini-mental)

Should this driver be disqualified or certified? Why?

Is an SPE required?

What are other symptoms of multiple sclerosis?

What does medical examiner need to be concerned with?

Exam findings are that this is a 44 years old female driver who is 5 feet 4 inches tall and weighs 145 pounds. Vision is uncorrected 20/20 left, right, and both. Horizontal lateral vision is 80 degrees bilaterally and the driver is not colorblind and does not have monocular vision. Whisper test results are 5 feet on the right and left. Blood pressure is 106/72 and pulse is 84 beats per minute and regular. Urinalysis specific gravity is 1.020, negative for protein, blood and glucose. Physical exam demonstrates upper extremity strength 5/5 right, 4/5 left. Lower extremities strength 5/5 bilaterally. Reflexes are 2+ bilaterally and grip strength is within normal limits. There are no balance deficiencies. The rest of the exam was unremarkable. Driver scored a 27/30 on the Folstein's test. Should this driver be disqualified or certified and why? Is an SPE required? What are other symptoms of multiple sclerosis? What does medical examiner need to be concerned with?

Scenario 14 Best Outcome

Meets standard, but periodic monitoring required due to possible dx (and progressive in nature), of MS.

1-year certificate

The ME should not use the provisions of alternate standard 49 CFR 391.49 (SPE), because MS is a progressive disease process, and not a “fixed deficit”. The SPE is for fixed deficits only (e.g. missing limb).

The medical examiner should check the box that says meet standards, but periodic monitoring required due to the possible diagnosis of multiple sclerosis. The best outcome is for this driver to be certified for one year.

The medical examiner would not use provisions of the alternative standard 49 CFR 391.49 (the special performance evaluation) because multiple sclerosis is a progressive disease process and not a fixed deficit. A SPE is for fixed deficits only.

Scenario 14 Best Outcome

Examples of signs and symptoms of MS that would disqualify the driver include:

- Signs of progression that would interfere with operation of a CMV
- Neurologists' identification of functional signs and symptoms that would effect the driver's ability
- Further abnormal MRI results
- Any history of progressive fatigability or periodic fluctuations in motor performance, especially in relation to heat, physical and emotional stress, and infections.

Signs and symptoms of multiple sclerosis that may be a concern to the medical examiner and lead to disqualification of the driver include signs of progression that interfere with the safe operation of a commercial motor vehicle, functional signs and symptoms identified by a neurologist that could affect the driver's abilities, further abnormal MRI results, or any history of progressive fatigability or periodic fluctuations in motor performance related to heat, physical and emotional stress, and infection.

Scenario 15 History

- “Yes” responses: Any illness or injury in the last 5 years
- Medications: None
- Comments: Driver presents for “renewal of my DOT card.” His last medical certificate was issued almost 2 yrs. ago.
 - When asked about illness in last 5 yrs. he states, “I had a bleed in my head that caused a little stroke about 8 months ago.” Upon further inquiry, you find that he had a left-sided brain stroke (due to the “bleed” from an arteriovenous malformation (AVM) which resulted in a residual right-sided hemiplegia.
- Driver has not yet returned to work. No surgical repair of the AVM has been performed and the driver is not sure when or if any surgical procedure is to take place. He is still attending occupational and Physical Therapy.

Scenario 15: The driver marks the box “yes” for any illness or injury in the last five years but does not indicate any medications taken. Medical examiner comments include that the driver presents for “renewal of my DOT card” and his last medical certificate was issued almost 2 years ago. When asked about the illness in the last five years, driver states, “I had a little bleed in my head that caused a little stroke about eight months ago.” Upon further inquiry, you find that the driver had a left-sided brain stroke from an arteriovenous malformation (AVM) which resulted in residual right-sided hemiplegia. The driver has not yet returned to work. No surgical repair of the AVM has been performed and the driver is not sure when or if any surgical procedure is to take place. The driver is attending occupational and physical therapy at this time.

Scenario 15 exam

- Sex: Male
- Age: 57
- Ht: 67"
- Wt: 130lbs
- Vision:
 - Corrected: Rt 20/25, Lft 20/25; Both: 20/25
 - Horizontal Rt 80, Lft 80
 - not color blind, no monocular vision.
- Hearing:
 - No hearing aides.
 - Audiometric test: avg loss: Rt 33.3, Lt 31.6.
- Blood Pressure = 127/80, Pulse = 80bpm and regular.
- UA:
 - SG 1.020
 - Protein, Blood, Glucose all Neg
- Physical exam:
 - The patient walks with a limp; drags his Rt leg; His right, upper extremity hangs downward, being flaccid with a mild internal rotation at the shoulder.
 - He has motor and sensory deficits consistent with right-sided hemiplegia.
 - Some questions as to his recall ability (short-term) and attention span.
 - The rest of the exam is WNL.

Should this driver be disqualified or certified to drive and why?

If he completes occupational and physical therapy does he apply for alternative standard 49 CFR 391.49?

Results of the exam are that this is a 57yo male who is 5 feet 7 inches tall and weighting 130 pounds. Vision is corrected and is 20/25 right, left, and both. Horizontal vision 80 degrees bilaterally, driver is not colorblind and does not have monocular vision. Audiometric hearing test was done revealing an average decimal loss of 33.3 on the right and 31.6 on the left. Blood pressure is 137/80 and pulse is 80 beats per minute and regular. Urinalysis results give a specific gravity of 1.020, and negative for protein, blood, and glucose. Physical exam remarks include: the patient walks with a limp, drags his right leg, and his right upper extremity hangs downward being flaccid with mild internal rotation at the shoulder. The driver has motor and sensory deficits consistent with right sided hemiplegia. There is some question regarding his recall ability (short-term) and attention span. The rest of the examination is within normal limits. Should this driver be disqualified or certified to drive and why? If he completes occupational and physical therapy does he apply for alternative standard 49 CFR 391.49?

Scenario 15 Best Outcome

- Driver has had a ruptured AVM that has not been surgically treated to prevent additional bleeding.
- He has right sided hemiplegia
- He exhibits cognitive impairment during the history and PE.

The driver should be disqualified.

- If he completes Occupational and Physical Therapy, he will still not be able to certify. The cognitive impairments of an unrepaired AVM are both disqualifying regardless of compensatory measures for hemiplegia.
- An SPE may be required if AVM is surgically repaired, no cognitive deficits, OT and PT completed with satisfactory determination made (by therapist or ME), but a fixed deficit is identified in a limb.

The driver has a ruptured AVM that has not yet been surgically treated to prevent additional bleeding, has symptoms consistent with right side hemiplegia, and the medical examiner has concerns regarding cognitive impairment. The best outcome is this driver be disqualified.

If the driver completes the occupational and physical therapy, he will still not be able to be certified. The cognitive impairment of an unrepaired AVM is disqualifying regardless of any compensatory measures for hemiplegia. An SPE may be required if there is a remaining fixed deficit in an extremity after the AVM is surgically repaired, there are no cognitive deficits, and the occupational and physical therapy is complete.

Test Preparation

Recent tests indicate a “Best Answer” shift to ordering the proper test over referral to a specialist.

What to study:

- **Standards:** Vision, Hearing, Hypertension, CV, Pulmonary, Diabetes, Neurological, Mental Health
- **Medication Classifications:** SSRI, SNRI, Antihistamines, Benzos, etc
- **General Testing of Diseases** (Cardiovascular, Pulmonary, etc.)
- **Required Testing/Referrals**
- **Waiting Periods**
- **Certification Intervals**
- **Clearance from or referral to “type” of specialist** (endocrinologist, orthopedist, physiatrist, psychiatrist, urologist, pulmonologist, SAP, sleep specialist, cardiologist, cardiovascular, neurologist)

This is information regarding what you should study in preparation for taking the National Registry certification test. For medical conditions where a referral or evaluation needed, the ME should know what type of provider to refer to. Regarding the vision guidelines, MEs need to know everything about it. The same applies with hearing and hypertension guidance. MEs must know those three subjects inside and out. MEs should also know the general requirements regarding diabetes certification, COPD, and asthma. MEs should all the general testing requirements for cardiovascular diseases (not as much about valvular diseases), including an electrocardiogram, echocardiogram, and exercise tolerance test. MEs must know all the guidance concerning heart attacks, PCI's and coronary artery bypass surgery (CABG). Regarding neurological disease, you need to know the regulations for strokes, traumatic brain injury, central nervous system diseases and especially seizures and seizure related disorders. For the mental health, you should know about depression, bipolar, schizophrenia, specifically about the medications and the medication classifications. For the more common conditions that you see throughout the medical guidelines you should have a good idea of the waiting periods and the certification intervals.

Test Preparation

Medications: What you need to know

- The name, classification and FMCSA guidelines for medications used frequently such as SSRI, SNRI, Benzodiazepines, antihistamines, antipsychotics
- Which meds need monitoring, and which do not (such as new anticoagulants)? What type of test and the name of the test used for monitoring?
- Normal UA lab values
- Normal Blood testing lab values for common tests
- Which meds need clearance from specialist or treating physician?

Additional important test preparation would be to know the general medication classifications and their general guideline such as SSRI, SNRI, antihistamine use, benzodiazepines, and a few of the other specific medications that have been highlighted in this presentation. You should also know which medications require monitoring and what type of monitoring test is used. Also, is the test plasma drug level monitoring or is it something like an INR, involving the clotting ability of the blood? MEs may even need to know the specific name of each test as well. MEs should also know when clearance from a specialist or the treating physician is required.

National Registry Practice Test, TeamCME Certificate of Completion

With your purchase of the TeamCME Accredited training you have free access to the TeamCME NRCME certification practice test. As you prepare for taking the actual certification test, the TeamCME practice test has proven to be a significant tool.

The practice test is a teaching test. Once you select an answer to a test question, the practice test also provides the reason why the correct answer has or has not been chosen. Upon completion of this training module, the TeamCME Certificate of Completion containing the CE hours can be downloaded and printed.

We also suggest that you print your own copy of the FMCSA Medical Examiner Handbook which although it was recalled by FMCSA, is a good source for preparing for the test. **Highlight all “If this, then do this” statements.**

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This is the conclusion of Module 10 of the TeamCME accredited training for the National Registry of Certified Medical Examiners.



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