Commercial Driver Medical Certification: Where are we going?

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Where have we been?

- June 7, 1939 - ICC
  - “Good physical and mental health; good eyesight; adequate hearing; no addiction to narcotic drugs; and no excessive use of alcoholic beverages or liquors”
- June 7, 1969 - Proposed standard
- April 22, 1970 - Final Rule
- January 2000 – FMCSA created as independent agency of DOT
Background

- October 2000 – New Medical Examination Reporting Form
- March 2003 – New cardiac guidelines
- September 2003 – Technical Amendments – updated form
- August 2005 - SAFETEA – LU
  - Medical Review Board
  - Chief Medical Officer
  - Diabetes exemption
Background

- 2007 – Medical Review Board
- 2007 – ongoing - Medical Expert Panels
- 2008 – Medical Examiners Handbook
- 2008 – NPRM on NRCME
- 2008- Merger of CDL/Medical Certificate
- 2009 – Appointment of Chief Medical Officer
THINGS WILL GET WORSE BEFORE THEY GET BETTER...and nobody said things were going to get better.
Resources for Medical Evaluation of Commercial Drivers

- Federal Motor Carrier Safety Regulations (FMCSRs)
  - Advisory Criteria – on Form
  - Interpretations
  - FAQs
- Conference / Advisory Panel Reports
- Medical Examiner Handbook
- “Official”
Resources for Medical Evaluation of Commercial Drivers

- Medical Expert Panel Reports
- Medical Review Board Recommendations
- Medical Literature

“Unofficial”
Medical Review Board

No regulatory responsibility

• Define issues for consideration by the MRB
• Provide FMCSA with ongoing medical expertise
• Advise FMCSA on the development of uniform driver physical qualification standards and CMV driver health and wellness;
• Advise FMCSA on the development of scientific guidelines, criteria, and procedures
Medical Review Board

No regulatory responsibility

- Provide advice on conduct and conclusions of FMCSA medical research and on policies or issues
- Provide advice and recommendations for the establishment and maintenance of medical examiner training and certification processes.
FMCSA – Medical Reports

Reports - How Medical Conditions Impact Driving

Two reports are available. The first is an executive summary report that includes a systematic review of the research literature on specific questions regarding medical conditions and driving. The second report is the expert recommendations based on the evidence.

Topics

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<td>2009</td>
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Medical Review Board Recommendations

- Diabetes
- Seizures
- Obstructive Sleep Apnea
- Schedule II Licit Medications
- Cardiovascular
- Vision
- Hearing
- Renal
- Musculoskeletal
- Stroke
- Parkinson Disease
- Multiple Sclerosis
- Traumatic Brain Injury
- Cardiac Resynchronization Therapy
- Narcolepsy
- Multiple Medical Conditions
- Research Needs
One of the goals of the Medical Review Board (MRB) is to review the current Federal Motor Carrier Safety Administration (FMCSA) physical qualification standards and provide science-based recommendations to modify or add standards, based on up-to-date research and medical practice. FMCSA recognizes that the current physical qualification standards published in 49 CFR 391.41(b)(1-13) do not fully address new medical treatments and recent innovations in medical science.

The MRB began operations in February 2006, with formal deliberations beginning in August 2006. The MRB meets quarterly each year.

As a separate initiative to gather evidence to support FMCSA’s medical programs, the Agency also convenes Medical Expert Panels (MEPs). These independent panels provide scientific advice based on evidence reports developed from systematic reviews of the relevant medical literature. The MEPs provide both review of evidence and expert recommendations for FMCSA to consider when developing new and revised medical standards and guidelines for commercial motor vehicle drivers.
Medical Certification as Part of CDL
Final rule 12/1/08

- Effective date – January 30, 2009
  - Delayed
- State compliance by January 30, 2012
- Drivers must comply by January 30, 2014
- New term – Medical variance
Medical Certification as Part of CDL Final rule 12/1/08

- § 391.43 Medical examination; certificate of physical qualification.
- (g)(1) If the medical examiner finds that the person examined is physically qualified to operate a commercial motor vehicle in accordance with § 391.41(b), the medical examiner should complete a certificate in the form prescribed in paragraph (h) of this section and furnish the original to the person who was examined. The examiner may provide a copy to a prospective or current employing motor carrier who requests it.
Medical Certification as Part of CDL Final rule 12/1/08

(2) For all drivers examined, the medical examiner should retain a copy of the Medical Examination Report at least 3 years from the date of the examination. If the driver was certified as physically qualified, then the medical examiner should also retain the medical certificate as well for at least 3-years from the date the certificate was issued.
Medical Certification as Part of CDL Final rule 12/1/08

- Interstate CDL holders who are subject to physical qualification standards
- Must supply copy or original of medical certificate
- Carriers and drivers can only rely on SDLA receipt stamped medical certificate for 15 days
- 60 days for State to downgrade
The primary mission of the National Registry of Certified Medical Examiners is to improve highway safety by producing trained, certified medical examiners who can effectively determine if a commercial motor vehicle driver's health meets Federal Motor Carrier Safety Administration standards.

A Welcome Message to Stakeholders

The U.S. Department of Transportation's Federal Motor Carrier Safety Administration (FMCSA) has proposed a new program that would certify medical examiners to be listed on the National Registry of Certified Medical Examiners (NRCME).

Read more

What is NRCME?

How would it affect me?

Resources

- Sign up for the NRCME Listserv
- FMCSA Medical Examiner Handbook
- Frequently Asked Questions
- FMCSA Medical Program
- Other Useful Links

Meetings & Conferences

2009

Working Integrated Product Team (WIPT) Meeting

- October 31 & November 1 – Test Item Review Meeting (Web)

2008

(WIPT) Meeting

- August 23 & 24 – Test Item Review Meeting (Web)

2007

WIPT Meetings

- September 13 & 14 – Test Form Development & Passing Score Study Meeting (DC)
National Registry of Certified Medical Examiners

• Maintain ongoing competency of medical examiners through;
  • Training, testing, certification and recertification.

• Ensure that medical examiners fully understand the medical standards in the FMCSRs
  • How they apply to CMV operators.
National Registry of Certified Medical Examiners
NPRM – December 1, 2008

- Initial and periodic training and testing
- Provide copies of examinations upon request
- Estimated 4.4 million drivers covered by rule
- Estimated 40,000 examiners to perform 75 examinations per year
**NRCME**  
*NPRM – December 1, 2008*

- FMCSA develops core curriculum, administrative requirements and certification test
- Private sector administers training and testing
- Core training one day
- Retraining Q 3 years by FMCSA website
  - No charge
- Complete initial training Q 12 years
NRCME
NPRM – December 1, 2008

- Implementation
  - Phase 1 – 2 years after effective date of final rule
    - employers of 50 or more drivers
  - Phase 2 – 3 years after effective date of final rule
- Requires maintaining examination report 3 years
Memo from FMCSA on NRCME

- At current time examiners are not required to be registered, trained nor certified
- FMCSA does not endorse any medical examiner training, education or certification programs.

- www.nrcme.fmcsa.dot.gov
For best viewing, please use the most recent versions of Internet Explorer (6.0 +). If you are using Internet Explorer (8.0 +), turn on compatibility view. Most pages will display fully within a 1024 by 768 pixel resolution screen.

This handbook provides information and guidance to the medical examiner who performs the commercial driver medical examination. Determining driver medical fitness for duty is a critical element of the FMCSA safety program. Specialists, such as cardiologists and endocrinologists, may perform additional medical evaluation, but it is the medical examiner who decides if the driver is medically qualified to drive.

### Part I - General FMCSA Information

Select this part for information about FMCSA, including mission, program history, regulations, definitions, and additional resources for the medical examiner.

### Part II - The Job of Commercial Driving

An overview of the cognitive, physical, and psychological demands placed on the commercial driver will be available here.

### Part III - Medical Examination Guidelines

Here is a review of the fundamental requirements of the medical examination as outlined by the Medical Examination Report Form, including descriptions of sections and instructions on how to complete the form and the medical examiner's certificate.
such as feasibility and impact. FMCSA posts information regarding proposed changes to the current standards and guidelines on the FMCSA Medical Programs Web page. Proposed changes to guidelines will accompany the standards as guidance and are subject to public notice-and-comment rulemaking.

This Medical Examiner Handbook will be updated as new standards and guidelines are approved by FMCSA.

**49 CFR 391.41(b) Standards Review**

- About 49 CFR 391.41
- Vision (b)(10)
- Hearing (b)(11)
- High Blood Pressure/Hypertension (b)(6)
- Cardiovascular (b)(4)
- Respiratory (b)(5)
- Neurological (b)(7)(8)(9)
- Musculoskeletal (b)(1)(2)(7)
- Diabetes Mellitus (b)(3)
- Other Diseases (b)(9)
- Psychological (b)(9)
- Drug Abuse and Alcoholism (b)(12)(13)
- Medications (b)(12)

**Medical Examination Report Form Review**
Protocol for Screening the Visual Field

The driver must have at least 70° in the horizontal meridian for each eye. Some form of confrontational testing that tests vision of selected horizontal points is generally used in the clinical setting.

A "Protocol for Screening the Visual Field Using a Confrontation Method" is found in Appendix E of the Visual Requirements and Commercial Drivers report.

Right eye examination

1. Stand or sit approximately two feet in front of the driver so that your eyes are at about the same level as the eyes of the driver.
2. Instruct the driver to use the palm of the left hand to cover the left eye.
3. Ask the driver to fixate on your left eye.
4. Extend your arms forward and position your hands halfway between yourself and the driver. Position your right hand one foot to the right of the straight-ahead axis and six inches above the horizontal plane. Position your left hand one-and-a-half feet to the left of the straight-ahead axis and six inches above the horizontal plane.
5. Ask the driver to confirm when a moving finger is detected. Repeat the procedure with your hands positioned six inches below the horizontal meridian.

Left eye examination
Glaucoma

Glaucoma can cause deficits in peripheral vision. The abnormal regulation of intraocular pressure can result in gradual progressive atrophy of optic nerve cells. The development of chronic elevated intraocular pressure is generally painless, and the gradual loss of peripheral visual field can progress significantly before symptoms are noticed.

Glaucoma may also affect a number of subtler visual functions, such as redirection of visual attention, night vision, and color vision. With glaucomatous damage, Snellen acuity test results may not be affected, but peripheral field test results may show deficits. Specialist examination may result in early detection and treatment before the occurrence of possibly disqualifying vision loss.

Vision loss caused by glaucoma cannot be restored.

A therapeutic goal is to lower intraocular pressure to a level that preserves the existing neuronal cells and prevents further loss of the peripheral visual field deficit. Strict and ongoing compliance with prescribed ophthalmic preparations is required for successful treatment; however, antiglaucoma agents may have side effects that impact vision and interfere with safe driving.

Macular Degeneration
Meniere's Disease

The Conference on Neurological Disorders and Commercial Drivers report recommends disqualification when there is a diagnosis of Meniere's Disease.

Vertigo

Vertigo is generally caused by an inner ear abnormality. Uncontrolled vertigo is disqualifying.

The Conference on Neurological Disorders and Commercial Drivers report recommends that the driver may be certified after completing:

- At least 2 months symptom free with a diagnosis of:
  - Benign positional vertigo.
  - Acute and chronic peripheral vestibulopathy.

Labyrinthine Fistula

The Conference on Neurological Disorders and Commercial Drivers report recommends disqualification when there is a diagnosis of labyrinthine fistula.
Cardiovascular System — Guidance/Advisory Criteria

The following link to select cardiovascular guidance/advisory criteria key points:

Cardiovascular Topics

- Aneurysms, Peripheral Vascular Disease, and Venous Disease and Treatments
- Cardiac Arrhythmias and Treatments
- Cardiovascular Tests
- Cardiovascular Recommendation Tables Only (PDF)
- Coronary Heart Diseases and Treatments
- Congenital Heart Disease
- Heart Transplantation
- High Blood Pressure/Hypertension (b)(6)
- Myocardial Disease
- Syncope
- Valvular Heart Diseases and Treatments

The complete text of the medical conference reports can be accessed from FMCSA Medical Reports.
Medical Review Board Recommendations

- Diabetes
- Seizures
- Obstructive Sleep Apnea
- Schedule II Licit Medications
- Cardiovascular
- Vision
- Hearing
- Renal
- Musculoskeletal

- Stroke
- Parkinson Disease
- Multiple Sclerosis
- Traumatic Brain Injury
- CRT
- Narcolepsy
- Multiple Medical Conditions
- Research Needs
Stroke - MRB

- Appropriate waiting period
  - 1 or 5 years depending on the type of stroke
- Examination by a neurologist (MD or DO), and CDME (MD or DO)
  - If cognitive or neuromuscular deficits, then neuropsychological evaluation or functional evaluation as indicated
- At least annual evaluation by neurologist (MD/DO) and CDME (MD/DO)
TIA - MRB

- 1 year wait
- Examination by neurologist (MD/DO)
- CDME examination (MD/DO)
- Re-evaluations at least annually by a MD/DO neurologist and a CDME (MD or DO)
Psych MEP

• Evaluation of physical and mental function by a qualified psychiatrist in individuals with a history
  • Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder with a history of psychosis, suicidal ideation, homicidal ideation or a suicide attempt, Obsessive Compulsive Disorder, Antisocial Personality Disorder
Psych MEP

• The two question version of the Patient Health Questionnaire (PHQ) should be added to the medical examination form to screen for depression and if positive for a possible significant depressive disorder, the CDME should refer the individual to a psychiatrist.

• Over the last 2 weeks, how often have you been bothered by any of the following problems?
  • 1) little interest or pleasure in doing things and 2) feeling down, depressed, or hopeless.
  • For each item, the response options are “not at all,” “several days,” “more than half the days,” and “nearly everyday,” scored as 0, 1, 2, and 3, respectively.
Psychotherapeutics – Benzodiazepines

Psych MEP

- All individuals currently taking benzodiazepines or similar drugs should be immediately prohibited from driving a CMV
- Those who take benzodiazepines for any length of time should not be allowed to drive until the drug has been cleared from their system (i.e., within seven half-lives of the drug and active metabolites)
• Chronic users of benzodiazepines (i.e., regular use for more than a month) should also wait an additional week after the drug has cleared from their system before resuming driving to ensure that the drug has been completely eliminated.
Psychotherapeutics

Psych MEP

- Lithium
  - Individuals taking Lithium should be prohibited from driving at night

- Antipsychotics
  - All individuals currently taking antipsychotics should undergo additional evaluation
  - Neuropsychological battery to screen for psychomotor impairments.
    - If the neuropsychological screening tests suggest impairment, then a road test must be administered.
  - Individuals starting a new antipsychotic medication must be evaluated within one month
Antidepressants

Psychotherapeutics Psych MEP

• Individuals on antidepressants should undergo additional evaluation.
• Medical examiner should use clinical judgment to determine if the patient is too sedated to drive
  - Include consideration of acute effects of antidepressants, additive effects of other medications and additive and cumulative effects of job demands such as long hours of driving
Psychotherapeutics – Antidepressants
Psych MEP

- SSRIs
  - Evaluation including assessments of psychomotor function including balance and coordination with heel-to-toe walking, rapid alternating movement, and measures of perseveration
  - If impairment suggested, the examiner should use a neuropsychological battery of tests obtained from a referral specialist to further test for psychomotor impairment
Psychotherapeutics – Anticonvulsants

Psych MEP

- All individuals currently taking anticonvulsants should undergo additional evaluation
- Examiner should use clinical judgment to determine if the patient is too sedated to drive
- Assess balance and coordination using the criteria included under antidepressants and if abnormal neuropsychological evaluation and referral
Psych – MRB

Severity – Inferred based on prior history

- **Mild** - minimally incapacitating, readily controlled with one medication or no medications
- **Moderate** - sometimes incapacitating, recurring and/or persistent, requiring one or two medications to control
  - Control is generally complete or nearly complete
- **Severe** - substantially incapacitating, frequent and/or prolonged, requiring multiple medications to control and control is incomplete
  - Those with severe disorders may be able to qualify at a later date
  - Generally no severe conditions in the prior 5 years.
### Psych – Medical Review Board
### Psychotic Disorders

<table>
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<tr>
<th>Level</th>
<th>Qualification</th>
<th>Status</th>
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<tr>
<td>Mild</td>
<td>Psychiatrist or advanced degree mental health professional</td>
<td>May be qualified. Supportive letter from the treating healthcare professional is required</td>
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<tr>
<td>Moderate</td>
<td>Psychiatrist or advanced degree mental health professional</td>
<td>May be qualified***. Supportive letter from a psychiatrist is required</td>
</tr>
<tr>
<td>Severe</td>
<td>Psychiatrist</td>
<td>Unqualified§§</td>
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Individuals with active psychosis are not qualified. At least one year without symptoms must be present prior to consideration of commercial driving. Those with a brief reactive psychosis may be reevaluated earlier at 6 months if the clinical condition has resolved.
## Psych – Medical Review Board
### Mood and Personality Disorders

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<tr>
<th>Severity</th>
<th>Qualification</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Mild</td>
<td>Treating healthcare and/or mental health professional</td>
<td>May be qualified. Supportive letter from the treating healthcare professional is required</td>
</tr>
<tr>
<td>Moderate</td>
<td>Psychiatrist or advanced degree mental health professional</td>
<td>May be qualified***. Supportive letter from a psychiatrist is required</td>
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<td>Severe</td>
<td>Psychiatrist</td>
<td>Unqualified§§</td>
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• The MRB also recommends the duration of certification for individuals with psychiatric disorders be a maximum of 1 year for mild conditions and 6 months for moderate conditions.
Excessive Daytime Somnolence – Evidence Report

- EDS is likely a risk that increases the risk of crash among CMV operators
- No reliable method to determine which individuals with are at greater risk.
- Some of the factors which may increase crash risk include; sleep disorders, rime of day, sleep habits and quality, driving exposure and other factors such as age and medication use
Parkinson’s Disease - Evidence Report

- Risk factors or combination of risk factors identifies when individual with PD should stop driving
  - Insufficient evidence
  - Might include;
    - Movement restriction/decreased motor function, stage of PD, duration of PD, decreased cognitive function, and sudden onset of sleepiness
Parkinson’s Disease - Evidence Report

- Medication caused somnolence may affect driver safety
  - Insufficient evidence to determine if measures of somnolence could predict crash risk
Multiple Sclerosis – Evidence Report

- Whether crash risk was increased in individuals with MS
  - Insufficient evidence
  - May be increased risk in a subgroup
- Which factors place individuals with MS at increased risk of crash
  - Insufficient evidence
  - Might include cognitive impairment.
- No evidence on the time interval for monitoring a driver with MS nor on the relationship between MS pharmacotherapy and driver safety outcomes
Parkinson’s Disease MEP

- Certified only if;
  - Mild symptoms, Hoehn-Yahr Stage 1 or scored >90% on the Schwab-England Activities of Daily Living scale
  - Tolerated medication well without cognitive, motor or other side effects that might affect driving
  - No significant fluctuation in motor response (on-off effects)
Hoehn-Yahr - Stage 1

- Signs and symptoms on one side only
- Symptoms mild
- Symptoms inconvenient but not disabling
- Usually presents with tremor of one limb
- Friends have noticed changes in posture, locomotion and facial expression

Stages 2-5 have increasingly involvement and impairment
Schwab-England Activities of Daily Living

- **100%** - Completely independent. Able to do all chores w/o slowness, difficulty, or impairment.

- **90%** - Completely independent. Able to do all chores with some slowness, difficulty, or impairment. May take twice as long.
Parkinson’s Disease MEP

- Within or above normal range functioning on neuropsych battery of tests assessing key cognitive function.
- No evidence of mood disorder or satisfactory control of mood disorder.
- Evaluated by a specialist, neurologist, movement specialist, etc as appropriate based on symptoms.
Multiple Sclerosis MEP

- No signs of recent relapse or chronic progression
- Tolerates medications well without side effects
- Satisfactory visual acuity, visual fields, ocular alignment
- Satisfactory cognitive function based on standardized neuropsych battery
- No evidence of mood disorder or satisfactory control of mood disorder
Multiple Sclerosis MEP

- Satisfactory motor function and mobility
- No history of excessive fatigability or periodic fluctuation of motor function in relation to heat, physical or emotional stress
- Evaluated by the appropriate specialist (generally a neurologist, with potentially other specialist(s))
Parkinson’s Disease and Multiple Sclerosis

- Drivers with either PD or MS, certified under criteria should be evaluated by the qualified specialist every 6 months and should be re-certified every 6 months.
- Written documentation from the specialist should be provided at the time of commercial driver medical examination.
Narcolepsy
With or Without Cataplexy

• Drivers with narcolepsy at approximately 6-fold elevated risk for motor vehicle crashes
• Medications used to treat narcolepsy may improve symptoms of excessive daytime somnolence (EDS)
  • Majority of individuals continue to have some degree of EDS
• MRB recommended the FMCSA maintain the prohibition on drivers with narcolepsy operating CMVs
Classification of Severity of TBI

- Mild: 0-30 minutes of LOC/AOC, PTA
- Moderate: 30 minutes-24 hours LOC/AOC/PTA, or skull fracture AND 0-30 minutes of LOC/AOC, PTA
- Severe: > 24 hours of LOC/AOC, PTA

• LOC – loss of consciousness
• AOC – alteration of Consciousness
• PTA – post-traumatic amnesia
Opinion 1: Severe TBI and CMV Driver Certification

- Individuals who have sustained a penetrating injury to the brain or severe TBI (i.e., loss of consciousness $\geq 24$ hours) should be permanently precluded from obtaining certification to drive a CMV for the purposes of interstate commerce.
Opinion 2: Moderate TBI and CMV Driver Certification

- Individuals with moderate TBI should be precluded from obtaining certification to drive a CMV for the purposes of interstate commerce for three years.
- After 3 year wait, must then be cleared by treating provider (minimum qualifications of MD or DO).
Opinion 2: Moderate TBI and CMV Driver Certification

The treating provider should assess for the following symptoms of concern:

- Headaches;
- Irritability;
- Dizziness;
- Imbalance;
- Fatigue;
- Sleep disorders;
- Inattention;
- Decreased concentration and memory;
- Noise and light sensitivity;
- Thinking slowed;
- Difficulty recalling new material;
- Personality change;
- Difficulty starting or initiating things;
- Difficulty sequencing information;
- Impaired attention to details;
- Impaired ability to benefit from experience;
- Deficits in planning and carrying out activities.
Opinion 2: Moderate TBI and CMV Driver Certification

• Additional evaluation by neurologist should;
  • Include complete neurological assessment
  • Access motor speed and dexterity, cognitive function, and symptoms of depression through objective testing
    • Referral to a neuropsychologist, psychologist or other specialist as deemed appropriate based on the specific symptoms
Opinion 2: Moderate TBI and CMV Driver Certification

• Following cognitive domains should be assessed (suggested assessment tools listed):
  • Verbal memory and verbal learning
    • (Hopkins Verbal Learning Test);
  • Visual scanning, visual motor speed
    • (Trail Making Test A);
  • Cognitive flexibility, executive function
    • (Trail Making Test B);
  • Word fluency
    • (COWAT – Controlled Oral Word Association Test);
Opinion 2: Moderate TBI and CMV Driver Certification

- Attention
  - (Digit Span forward);
- Working memory
  - (Digit Span backward);
- Visual scanning, visual motor speed, visual memory
  - (Symbol Digit Modalities);
- Motor speed and dexterity
  - (Grooved Pegboard Test);
- Delayed recall
  - (Hopkins Verbal Learning Test).
Opinion 2: Moderate TBI and CMV Driver Certification

- Neurologist and CDME should assess the effects of treatment, including medications, on functional and cognitive abilities.
- Drivers with no or minimal abnormalities who are cleared should be re-certified every six months while under active treatment.
  - Examiner should be MD/DO.
- Once no longer under active treatment annual recertification for three years and then as determined by the medical examiner.
Opinion 3: Mild TBI and CMV Driver Certification

• Individuals with mild TBI can be deemed medically qualified if they are determined by their treating provider (minimum qualifications of MD/DO) to be clinically symptom free
  • Same areas as moderate
• No LOC – 30 day waiting period
• LOC – 90 day waiting period to ensure remain symptom free
Opinion 3: Mild TBI and CMV Driver Certification

- Seizure free
- No evidence of intracranial blood if imaging was done
- Individuals, who have experienced a mild TBI and lost consciousness as a result of the TBI and/or are found to be symptomatic at the time of the exam, should be referred to a neurologist for additional evaluation
  - Evaluation should be the same as for those who have experienced a moderate TBI
### Fitness for Duty - MRB

<table>
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<tr>
<th>Number of Conditions</th>
<th>Certification</th>
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<tbody>
<tr>
<td>0 or 1</td>
<td>Maximum 2 years</td>
</tr>
<tr>
<td>2 +++</td>
<td>Maximum 1 year</td>
</tr>
<tr>
<td>2 +++</td>
<td>Maximum 6 months</td>
</tr>
<tr>
<td>≥ 4 +++</td>
<td>Not eligible until resolution of at least one condition</td>
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**Number of Conditions**

*Diabetes mellitus requiring medication, cardiovascular disease, hypertension, dysrhythmias, obstructive sleep apnea (OSA), body mass index (BMI) > 35 kg/m², opioid or benzodiazepine use, renal disease, pulmonary disease with pulmonary function test (PFT) abnormality, epilepsy seizure free for >10 years, musculoskeletal disease requiring medical, surgical or prosthetic treatment, requirement for visual exemption, stroke, TIA, major psychiatric illness (as defined pending formal review by the MRB), and other conditions as identified by FMCSA.*

+++ Evaluation to be conducted by a CDME who is a licensed MD or DO.
NTSB Recommendation 10/09

- Implement a program to identify commercial drivers at high risk for obstructive sleep apnea
- Require that those drivers to provide evidence through the medical certification process of having been appropriately evaluated and,
- If treatment is needed, effectively treated for that disorder before being granted unrestricted medical certification. (H-09-15)
NTSB Recommendation 10/09

- Develop and disseminate guidance for commercial drivers, employers, and physicians regarding the identification and treatment of individuals at high risk of obstructive sleep apnea (OSA), emphasizing that drivers who have OSA that is effectively treated are routinely approved for continued medical certification. (H-09-16).
Where are we going?

- Final Rule and implementation of NRCME
  - Training, Examination
- Completion of Medical Examiner Handbook
- Updated guidance/ medical standards
References

• FMCSA Medical Program
  • http://www.fmcsa.dot.gov/rules-regulations/topics/medical/medical.htm
• FAQs
  • http://www.fmcsa.dot.gov/rules-regulations/topics/medical/medical.htm
• MRB website
  • http://www.mrb.fmcsa.dot.gov/
• NRCME website
  • http://www.nrcme.fmcsa.dot.gov/
• NRCME Medical Examiners Handbook
  • http://nrcme.fmcsa.dot.gov/MEhandbook.htm
The End