The DOT PHYSICAL
Kelley M. Bishop, M.D.
Department of Family Medicine

AS MANDATED BY ACCME
SPEAKERS ARE ASKED TO DISCLOSE ANY
REAL OR APPARENT CONFLICT RELATED TO
THE CONTENT OF THEIR PRESENTATION

TODAY’S SPEAKER HAS NO
DISCLOSURE TO MAKE
Why require a special certification?

- To improve highway safety!!
  - In 2010, there were 3,675 people killed in crashes involving large trucks, representing an 8.7% increase from the year prior.
  - In 2010, there were 20,000 injuries in large truck accidents, representing an increase of 18%.
  - The average cost of a commercial truck accident is $59,150.

Objectives:

- To bring attention to new requirement of National Registry of Certified Medical Examiners (NRCME)
- To confer a greater knowledge of the expectations of the Federal Motor Carrier Safety Administration (FMCSA) in performing the DOT exam on commercial motor vehicle (CMV) drivers
- To increase awareness of diseases that require special attention

National Registry of Certified Medical Examiners

- A new FMCSA program established April 20, 2012
- Requires all medical examiners who wish to perform physical examinations for interstate CMV drivers to be trained and certified in FMCSA physical qualification standards
- Medical examiners who have completed the training and passed the test will be included in an online directory
- Requirement deadline is May 21, 2014—as of then, all medical certificates must come from registered providers
- Examiners must complete refresher training every 5 years and recertification testing every 10 years
NRCME Testing and Training

- Training and testing sites are listed on the website.
- Both online and group sites are available for training.
- Testing Centers:
  - PSI Services LLC
    - PSI Jackson Test Center
      215 Woodline Drive, Suite A, Jackson, MS, 39232
      Phone: 800-733-9267 Fax: 702-932-2666
    - PSI Services LLC
      PSI Meridian Test Center
      910 Hwy 19 North, Meridian, MS, 39307
      Phone: 800-733-9267 Fax: 702-932-2666

Responsibilities of an examiner

- You are responsible for ensuring that only the driver who meets the Federal physical qualification requirements is issued a Medical Examiner’s Certificate. When you issue a Medical Examiner’s Certificate, you are certifying that the driver is medically fit for duty and can perform the driver role that is described in the Medical Examiner Form. You may also, at any time, certify the driver for less than 2 years when examination indicates more frequent monitoring is required to ensure medical fitness for duty.

Record Keeping

- The original of the card/certificate goes to the driver.
- A copy of the card may be included with a copy of the exam to the employer.
- The employer isn’t required to have a copy of the exam, but isn’t prohibited from doing so.
- If the employer does obtain the exam, they are required to handle it in accordance to HIPAA standards.
- The examiner is required to keep a copy of the exam and card/certificate for at least 3 years.
- Within the NRCME registry requirement: Submit Form MCSA-5850 for each driver examined electronically every month via the National Registry website.
Suggested Protocol: Clinical Staff

- Vital signs
- History—helping the driver if necessary, making sure all medications are listed
- Vision—acuity and color vision screen using Snellen chart and Ishihara plates
- Hearing
- Urinalysis
- Document findings on exam form
- Communicate significant findings to examiner

Suggested Protocol: Examiner

- Review medical history and medication use
- Screen history for "red flags"
- Observe the driver's movements, range of motion, and coordination
- Examination as prompted on form
- Review regulations and check references as needed
- Obtain additional tests or records as needed
- Document all objective information
- Determine certification timing based on above information

Medical Examiner Do’s

- Comply with FMCSA regulations (www.fmcsa.dot.gov)
- Seek further testing/evaluations for those medical conditions of which you are unsure.
- Refer the driver to his/her personal health-care provider for diagnosis and treatment of potential medical conditions discovered during your examination.
- Promote public safety by educating the driver about
  - Side effects caused by the use of prescription and/or over-the-counter medications
  - Medication warning labels and how to read them
  - The importance of seeking appropriate intervention for non-disqualifying conditions, especially those that, if neglected, could result in serious illness and possible future disqualification.
Absolute Disqualifiers

• Reference Regulation 49 CRF 391.41
• Vision must be at least 20/40 in each eye, with or without correction; peripheral vision must be >70 degrees in the horizontal plane; and the driver must be able to identify colors of traffic signals (red, green, and amber), unless they obtain a federal exemption.
• There must not be an average hearing loss greater than 40 dB at 500, 1000, and 2000 Hz in one ear and dividing by 3 (averaging). A hearing aid can be used to meet the criteria.
• The driver cannot be certified if they have clinical diagnosis of diabetes related requiring insulin for control, unless they obtain a federal exemption.
• An established medical history or clinical diagnosis of epilepsy is disqualifying.

Medical Expert Panel (MEP) Opinions

• Traumatic Brain Injury
• Stroke
• Multiple Sclerosis and Parkinson’s Disease
• Psychiatric Disease
• Seizure Disorders
• Sleep Disorders
• Renal Disease
• Vision
• Musculoskeletal Disease
• Diabetes Mellitus
• Schedule II Medications
• Cardiovascular Disease

Case History #1

A 54-year-old interstate driver has been on dialysis for the last year. His nephrologist has written a return to work note that includes the limitation that he can’t work on dialysis days (Tuesday, Thursday, and Saturday).
Case History #1--Discussion

- The MEP opinion in 2007 recommends that stage 5 chronic kidney disease (CKD), requiring dialysis, should be disqualified.
- Stage 1 and 2 CKD (down to GFR of 60) were recommended to be certified for 2 years provided they do not have diabetes or hypertension.
- Stage 3 CKD (GFR of 30-59) was recommended to be certified annually.
- Stage 4 CKD (GFR 15-29) with a normal EKG and normal blood pressure was recommended to be certified for a period not to exceed 6 months; an abnormal EKG, an echo showing LVH, or a BP>180/110 should be disqualifying.
- A driver post-renal transplant was recommended to be certified 90 days post-op if cleared by their transplant surgeon, and should be re-certified at 3 months, 6 months, and 12 months postoperatively. Thereafter, they should be recertified annually.

Case History #2

A 45-year-old driver whose diabetes had been controlled with oral agents was placed on insulin 6 months ago and has been cleared by his endocrinologist to return to commercial motor vehicle driving.

Case History #2--Discussion

- According to FMCSA regulation 391.41 (b)(3), a person is physically qualified to drive a CMV if that person has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.
- There is a federal exemption program that the driver can apply for interstate CMV operation.
- Mississippi does not have an exemption program for insulin use for intrastate CMV certification.
- As per FMCSA regulation 381.600, federal exemptions override state objections.
- Non-insulin-requiring diabetics should be under good control and certified annually reassessing vision, neurological function, and cardiovascular disease.
Case History #3
A driver with chronic back pain from an injury a year ago, who takes Percocet and wears a Fentanyl patch regularly, presents for a return to work medical certification for CMV operation.

Case History #3--Discussion
- Regulation 391.41(b)(12) states that a driver is qualified if they do not use Schedule I medications, an amphetamine, a narcotic, or other habit-forming drug.
- Methadone is specifically mentioned in the FAQs of the FMCSA website as being disqualifying.
- The MEP opinion in 2006 recommended disqualifying medications to include Schedule II drugs, benzodiazepines, and any medication that is parenterally (intravenous, transdermal, or intrathecal) administered.
- A driver returning from an illness or injury must undergo a medical examination even if the medical examiner's certificate has not expired.
- FMCSA does not allow any work restrictions. The CMV driver must be able to perform all job-related tasks.

Case History #4
A 56-year-old driver with hypertension and diabetes admits to severe snoring. His hypertension is controlled with two different medications. His diabetes is controlled with oral medications. His examination is normal other than a BMI of 50.
Case History #4--Discussion

• A 2006 task force suggested that drivers be screened for OSA if they met at least 2 of 3 criteria: BMI of 35 or greater; neck circumference greater than 16 inches in women or 17 inches in men; or hypertension that is new, uncontrolled, or requires at least two medications to control. Further evaluation is also recommended if any of the following criteria are met: sleep history suggestive of OSA; Epworth Sleepiness Scale score > 10; a previously diagnosed sleep disorder; or an apnea-hypopnea index > 5 but less than 30 in a previous sleep study.

• An MEP recommends the only criterion for testing should be a BMI of greater than 33.

• FMCSA FAQ number 26 states that drivers should be temporarily disqualified until the diagnosis of sleep apnea has been ruled out or has been treated successfully.

• As a condition of continuing qualification, the FAQ recommends the CMV driver be required to continue uninterrupted therapy such as CPAP and monitoring and undergo objective testing as required.

Sources for Information about DOT Examinations

• Federal Motor Carrier Safety Administration http://www.fmcsa.dot.gov

• Medical examiner handbook
http://nrcme.fmcsa.dot.gov/MEhandbook.htm

• Medical expert panel reports
http://www.mrb.fmcsa.dot.gov/reports.htm

• Medical Frequently asked questions

• Medical programs
http://www.fmcsa.dot.gov/rules-regulations/administration/medical.htm

• Medical reports
http://www.fmcsa.dot.gov/rules-regulations/administration/medical.htm

• Medical review board
http://www.mrb.fmcsa.dot.gov

• National Registry of Certified Medical Examiners

• Rules and regulations

References


References


