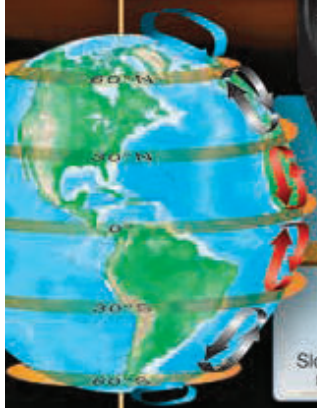


Pilot's Handbook of Aeronautical Knowledge



U.S. Department
of Transportation
**Federal Aviation
Administration**



Power On Stall

As flying speed returns, stop descent and establish a climb.

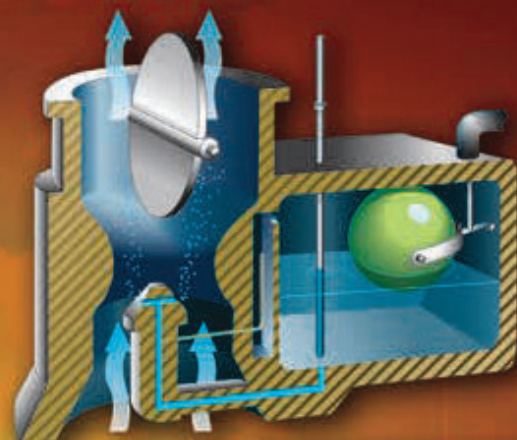
Slow to lift-off speed, maintain altitude.

Set takeoff power, raise nose.

When stall occurs, reduce angle of attack and add full power.

Climb at V_y , raise landing gear and remaining flaps, trim.

Level off at desired altitude, set power, and trim.



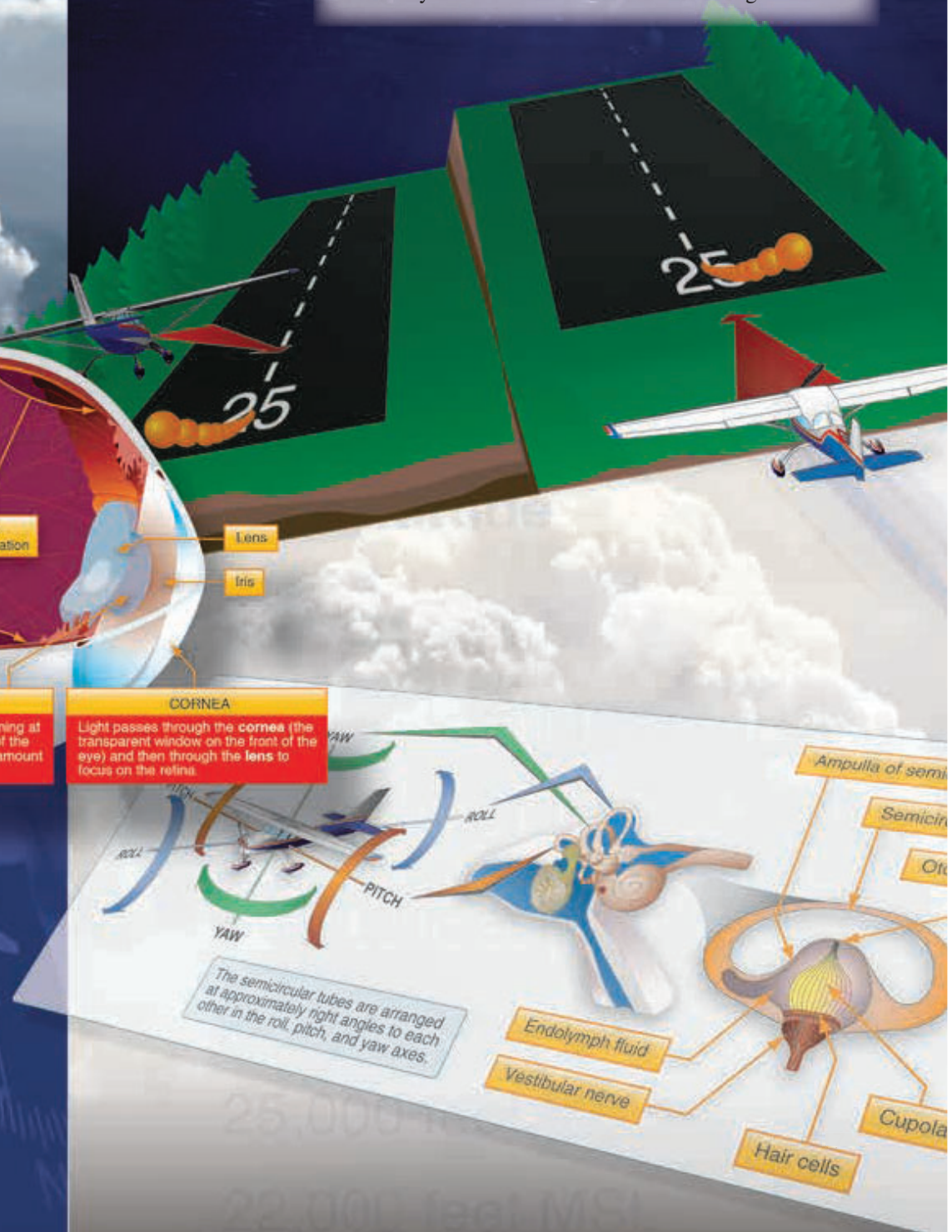
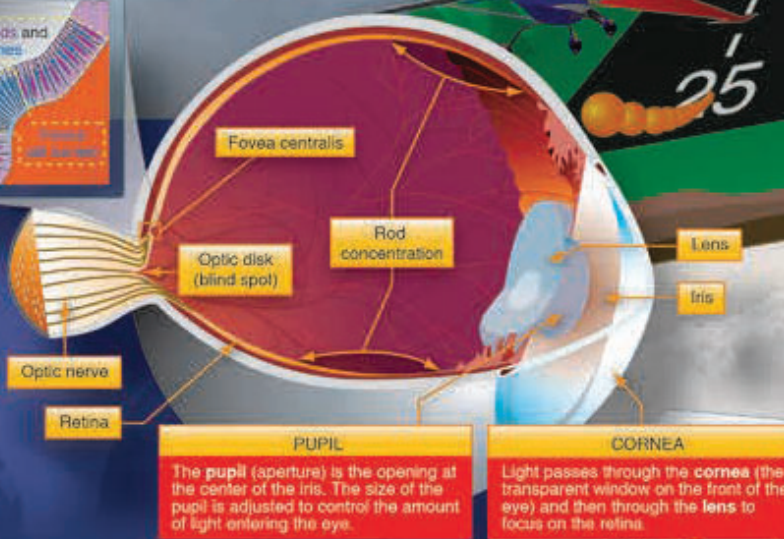
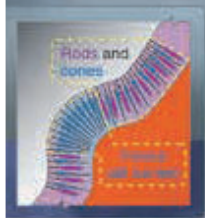
Type of Sign	Action or Purpose	Type of Sign
A 4-22	Runway/Rampway End Point	
26-8	Runway/Rampway Intersection	
B 4-20	Runway Approach Hold Position	
C ILS	ILS Critical Area Hold Position	
B	Runway Location	
22	Runway Location	
4	Runway Location	

Chapter 17

Aeromedical Factors

Introduction

It is important for a pilot to be aware of the mental and physical standards required for the type of flying performed. This chapter provides information on medical certification and on a variety of aeromedical factors related to flight activities.



Fatigue

Fatigue is frequently associated with pilot error. Some of the effects of fatigue include degradation of attention and concentration, impaired coordination, and decreased ability to communicate. These factors seriously influence the ability to make effective decisions. **Physical fatigue results from sleep loss, exercise, or physical work. Factors such as stress and prolonged performance of cognitive work result in mental fatigue.**

Like stress, fatigue falls into two broad categories: acute and chronic. Acute fatigue is short term and is a normal occurrence in everyday living. It is the kind of tiredness people feel after a period of strenuous effort, excitement, or lack of sleep. Rest after exertion and 8 hours of sound sleep ordinarily cures this condition.

A special type of acute fatigue is skill fatigue. This type of fatigue has two main effects on performance:

- Timing disruption—appearing to perform a task as usual, but the timing of each component is slightly off. This makes the pattern of the operation less smooth because the pilot performs each component as though it were separate, instead of part of an integrated activity.
- Disruption of the perceptual field—concentrating attention upon movements or objects in the center of vision and neglecting those in the periphery. This is accompanied by loss of accuracy and smoothness in control movements.

Acute fatigue has many causes, but the following are among the most important for the pilot:

- Mild hypoxia (oxygen deficiency)
- Physical stress
- Psychological stress
- Depletion of physical energy resulting from psychological stress
- Sustained psychological stress

Sustained psychological stress accelerates the glandular secretions that prepare the body for quick reactions during an emergency. These secretions make the circulatory and respiratory systems work harder, and the liver releases energy to provide the extra fuel needed for brain and muscle work. When this reserve energy supply is depleted, the body lapses into generalized and severe fatigue.

Acute fatigue can be prevented by proper diet and adequate rest and sleep. A well-balanced diet prevents the body from needing to consume its own tissues as an energy source. Adequate rest maintains the body's store of vital energy.

Chronic fatigue, extending over a long period of time, usually has psychological roots, although an underlying disease is sometimes responsible. Continuous high-stress levels produce chronic fatigue. Chronic fatigue is not relieved by proper diet and adequate rest and sleep and usually requires treatment by a physician. An individual may experience this condition in the form of weakness, tiredness, palpitations of the heart, breathlessness, headaches, or irritability. Sometimes chronic fatigue even creates stomach or intestinal problems and generalized aches and pains throughout the body. When the condition becomes serious enough, it leads to emotional illness.

If suffering from acute fatigue, stay on the ground. If fatigue occurs in the flight deck, no amount of training or experience can overcome the detrimental effects. Getting adequate rest is the only way to prevent fatigue from occurring. Avoid flying without a full night's rest, after working excessive hours, or after an especially exhausting or stressful day. Pilots who suspect they are suffering from chronic fatigue should consult a physician.

Exposure to Chemicals

When conducting preflight and post-flight inspections, pilots must verify that the fluid levels in their aircraft meet the levels specified for safe operations as stated in the Pilot's Operating Handbook. These fluids include, but are not limited to hydraulic fluid, engine oil, and fuel.

It is important that every pilot recognize the potential hazards of working with these fluids as well as the recommended first aid measures to follow should any of these fluids come in contact with their eyes, skin, and/or respiratory system. As the specific first aid measures for dealing with exposure to these chemicals can vary by chemical type, it is important that every pilot be familiar with the location and use of the Material Safety Data Sheet (MSDS) for each chemical they encounter.

The procedures described in the following sections are minimum guideline for first aid for each of the indicated scenarios. Ultimately, the pilot should consult the MSDS for first aid procedures specific to the type of chemical and exposure scenario.

Hydraulic Fluid

- Eye Contact—immediately flush the eyes with clean water and seek medical attention if irritation occurs.
- Skin Contact—remove all contaminated clothing and thoroughly cleanse the affected areas with mild soap and water or a waterless hand cleaner. If irritation or redness develops and persists, seek medical attention. Should the hydraulic fluid get into or under the skin, or into any other part of the body, regardless of the

appearance of the wound or its size, seek medical attention immediately.

- Inhalation—if respiratory symptoms develop, move away from the source of exposure and into fresh air in a position comfortable for breathing. If symptoms persist, seek medical attention.
- Ingestion—first aid is not normally required; however, if swallowed and symptoms develop, seek medical attention.

Engine Oil

- Eye Contact—immediately flush the eyes with clean water and seek medical attention if irritation occurs.
- Skin Contact—remove all contaminated clothing and thoroughly cleanse the affected areas with soap and water. Launder contaminated clothing before reuse.
- Inhalation—move away from the source of exposure and into fresh air. If respiratory irritation, dizziness, nausea, or unconsciousness occurs, seek immediate medical attention. If breathing stops, assisted ventilation is required via a bag-valve-mask or cardiopulmonary resuscitation (CPR).
- Ingestion—seek immediate medical attention. If immediate medical attention is not available, contact a regional poison control center or emergency medical professional regarding the induction of vomiting or use of activated charcoal. Vomiting should never be induced to a person who is groggy or unconscious.

Fuel

- Eye Contact—immediately flush the eyes with clean water for at least 15 minutes and seek medical attention immediately.
- Skin Contact—remove all contaminated clothing and thoroughly cleanse the affected areas with mild soap and water or a waterless hand cleaner. If skin surface is damaged, apply a clean dressing and seek medical attention. If irritation or redness develops, seek medical attention. Launder contaminated clothing before reuse.
- Inhalation—move away from the source of exposure and into fresh air. If breathing stops, assisted ventilation is required via a bag-valve-mask or cardiopulmonary resuscitation (CPR). Once breathing is restored, the use of additional oxygen may be necessary. Seek medical attention immediately.
- Ingestion—seek immediate medical attention. Do not induce vomiting or take anything by mouth as this may cause the material to enter the lungs and cause severe

lung damage. Should vomiting occur, keep head below the hips to reduce the risks of aspiration. Monitor for breathing difficulties. Rinse out any material which enters the mouth until the taste is dissipated.

Dehydration and Heatstroke

Dehydration is the term given to a critical loss of water from the body. Causes of dehydration are hot flight decks and flight lines, wind, humidity, and diuretic drinks—coffee, tea, alcohol, and caffeinated soft drinks. Some common signs of dehydration are headache, fatigue, cramps, sleepiness, and dizziness.

The first noticeable effect of dehydration is fatigue, which in turn makes top physical and mental performance difficult, if not impossible. Flying for long periods in hot summer temperatures or at high altitudes increases the susceptibility to dehydration because these conditions tend to increase the rate of water loss from the body.

To help prevent dehydration, drink two to four quarts of water every 24 hours. Since each person is physiologically different, this is only a guide. Most people are aware of the eight-glasses-a-day guide: If each glass of water is eight ounces, this equates to 64 ounces, which is two quarts. If this fluid is not replaced, fatigue progresses to dizziness, weakness, nausea, tingling of hands and feet, abdominal cramps, and extreme thirst.

The key for pilots is to be continually aware of their condition. Most people become thirsty with a 1.5 quart deficit or a loss of 2 percent of total body weight. This level of dehydration triggers the “thirst mechanism.” The problem is that the thirst mechanism arrives too late and is turned off too easily. A small amount of fluid in the mouth turns this mechanism off and the replacement of needed body fluid is delayed.

Other steps to prevent dehydration include:

- Carrying a container in order to measure daily water intake.
- Staying ahead—not relying on the thirst sensation as an alarm. If plain water is not preferred, add some sport drink flavoring to make it more acceptable.
- Limiting daily intake of caffeine and alcohol (both are diuretics and stimulate increased production of urine).

Heatstroke is a condition caused by any inability of the body to control its temperature. Onset of this condition may be recognized by the symptoms of dehydration, but also has been known to be recognized only upon complete collapse.

To prevent these symptoms, it is recommended that an ample supply of water be carried and used at frequent intervals on any long flight, whether thirsty or not. The body normally absorbs water at a rate of 1.2 to 1.5 quarts per hour. Individuals should drink one quart per hour for severe heat stress conditions or one pint per hour for moderate stress conditions. If the aircraft has a canopy or roof window, wearing light-colored, porous clothing and a hat will help provide protection from the sun. Keeping the flight deck well ventilated aids in dissipating excess heat.

Alcohol

Alcohol impairs the efficiency of the human body. [Figure 17-8] Studies have shown that consuming alcohol is closely linked to performance deterioration. Pilots must make hundreds of decisions, some of them time-critical, during the course of a flight. The safe outcome of any flight depends on the ability to make the correct decisions and take

the appropriate actions during routine occurrences, as well as abnormal situations. The influence of alcohol drastically reduces the chances of completing a flight without incident. Even in small amounts, alcohol can impair judgment, decrease sense of responsibility, affect coordination, constrict visual field, diminish memory, reduce reasoning ability, and lower attention span. As little as one ounce of alcohol can decrease the speed and strength of muscular reflexes, lessen the efficiency of eye movements while reading, and increase the frequency at which errors are committed. Impairments in vision and hearing can occur from consuming as little as one drink.

The alcohol consumed in beer and mixed drinks is ethyl alcohol, a central nervous system depressant. From a medical point of view, it acts on the body much like a general anesthetic. The “dose” is generally much lower and more slowly consumed in the case of alcohol, but the basic effects on the human body are similar. Alcohol is easily and quickly absorbed by the digestive tract. The bloodstream absorbs about 80 to 90 percent of the alcohol in a drink within 30 minutes when ingested on an empty stomach. The body requires about 3 hours to rid itself of all the alcohol contained in one mixed drink or one beer.

While experiencing a hangover, a pilot is still under the influence of alcohol. Although a pilot may think he or she is functioning normally, motor and mental response impairment is still present. Considerable amounts of alcohol can remain in the body for over 16 hours, so pilots should be cautious about flying too soon after drinking.

Altitude multiplies the effects of alcohol on the brain. When combined with altitude, the alcohol from two drinks may have the same effect as three or four drinks. Alcohol interferes with the brain’s ability to utilize oxygen, producing a form of histotoxic hypoxia. The effects are rapid because alcohol passes quickly into the bloodstream. In addition, the brain is a highly vascular organ that is immediately sensitive to changes in the blood’s composition. For a pilot, the lower oxygen availability at altitude and the lower capability of the brain to use the oxygen that is available can add up to a deadly combination.

Intoxication is determined by the amount of alcohol in the bloodstream. This is usually measured as a percentage by weight in the blood. 14 CFR part 91 requires that blood alcohol level be less than .04 percent and that 8 hours pass between drinking alcohol and piloting an aircraft. A pilot with a blood alcohol level of .04 percent or greater after 8 hours cannot fly until the blood alcohol falls below that amount. Even though blood alcohol may be well below .04 percent, a pilot cannot fly sooner than 8 hours after drinking alcohol.

Type Beverage	Typical Serving (oz)	Pure Alcohol Content (oz)
Table wine	4.0	.48
Light beer	12.0	.48
Aperitif liquor	1.5	.38
Champagne	4.0	.48
Vodka	1.0	.50
Whiskey	1.25	.50
0.01–0.05% (10–50 mg)	average individual appears normal	
0.03–0.12%* (30–120 mg)	mild euphoria, talkativeness, decreased inhibitions, decreased attention, impaired judgment, increased reaction time	
0.09–0.25% (90–250 mg)	emotional instability, loss of critical judgment, impairment of memory and comprehension, decreased sensory response, mild muscular incoordination	
0.18–0.30% (180–300 mg)	confusion, dizziness, exaggerated emotions (anger, fear, grief), impaired visual perception, decreased pain sensation, impaired balance, staggering gait, slurred speech, moderate muscular incoordination	
0.27–0.40% (270–400 mg)	apathy, impaired consciousness, stupor, significantly decreased response to stimulation, severe muscular incoordination, inability to stand or walk, vomiting, incontinence of urine and feces	
0.35–0.50% (350–500 mg)	unconsciousness, depressed or abolished reflexes, abnormal body temperature, coma, possible death from respiratory paralysis (450 mg or above)	
* Legal limit for motor vehicle operation in most states is 0.08 or 0.10% (80–100 mg of alcohol per dL of blood).		

Figure 17-8. *Impairment scale with alcohol use.*

Although the regulations are quite specific, it is a good idea to be more conservative than the regulations.

Drugs

The Federal Aviation Regulations include no specific references to medication usage. Two regulations, though, are important to keep in mind. Title 14 of the CFR part 61, section 61.53 prohibits acting as pilot-in-command or in any other capacity as a required pilot flight crewmember, while that person:

1. Knows or has reason to know of any medical condition that would make the person unable to meet the requirement for the medical certificate necessary for the pilot operation, or
2. Is taking medication or receiving other treatment for a medical condition that results in the person being unable to meet the requirements for the medical certificate necessary for the pilot operation.

Further, 14 CFR part 91, section 91.17 prohibits the use of any drug that affects the person's faculties in any way contrary to safety.

There are several thousand medications currently approved by the U.S. Food and Drug Administration (FDA), not including OTC (over the counter) drugs. Virtually all medications have the potential for adverse side effects in some people. Additionally, herbal and dietary supplements, sport and energy boosters, and some other "natural" products are derived from substances often found in medications that could also have adverse side effects. While some individuals experience no side effects with a particular drug or product, others may be noticeably affected. The FAA regularly reviews FDA and other data to assure that medications found acceptable for aviation duties do not pose an adverse safety risk. Drugs that cause no apparent side effects on the ground can create serious problems at even relatively low altitudes. Even at typical general aviation altitudes, the changes in concentrations of atmospheric gases in the blood can enhance the effects of seemingly innocuous drugs that can result in impaired judgment, decision-making, and performance. In addition, fatigue, stress, dehydration, and inadequate nutrition can increase an airman's susceptibility to adverse effects from various drugs, even if they appeared to tolerate them in the past. If multiple medications are being taken at the same time, the adverse effects can be even more pronounced.

Another important consideration is that the medical condition for which a medication is prescribed may itself be disqualifying. The FAA will consider the condition in the context of risk for medical incapacitation, and the medication

as well for cognitive impairment, and either or both could be found unacceptable for medical certification.

Some of the most commonly used OTC drugs, antihistamines and decongestants, have the potential to cause noticeable adverse side effects, including drowsiness and cognitive deficits. The symptoms associated with common upper respiratory infections, including the common cold, often suppress a pilot's desire to fly, and treating symptoms with a drug that causes adverse side effects only compounds the problem. Particularly, medications containing diphenhydramine (e.g., Benadryl) are known to cause drowsiness and have a prolonged half-life, meaning the drugs stay in one's system for an extended time, which lengthens the time that side effects are present.

Many medications, such as tranquilizers, sedatives, strong pain relievers, and cough suppressants, have primary effects that may impair judgment, memory, alertness, coordination, vision, and the ability to make calculations. [Figure 17-9] Others, such as antihistamines, blood pressure drugs, muscle relaxants, and agents to control diarrhea and motion sickness, have side effects that may impair the same critical functions. Any medication that depresses the nervous system, such as a sedative, tranquilizer, or antihistamine, can make a pilot more susceptible to hypoxia.

Painkillers are grouped into two broad categories: analgesics and anesthetics. Analgesics are drugs that reduce pain, while anesthetics are drugs that deaden pain or cause loss of consciousness.

Over-the-counter analgesics, such as acetylsalicylic acid (aspirin), acetaminophen (Tylenol), and ibuprofen (Advil), have few side effects when taken in the correct dosage. Although some people are allergic to certain analgesics or may suffer from stomach irritation, flying usually is not restricted when taking these drugs. However, flying is almost always precluded while using prescription analgesics, such as drugs containing propoxyphene (e.g., Darvon), oxycodone (e.g., Percodan), meperidine (e.g., Demerol), and codeine, since these drugs are known to cause side effects, such as mental confusion, dizziness, headaches, nausea, and vision problems.

Anesthetic drugs are commonly used for dental and surgical procedures. Most local anesthetics used for minor dental and outpatient procedures wear off within a relatively short period of time. The anesthetic itself may not limit flying as much as the actual procedure and subsequent pain.

Stimulants are drugs that excite the central nervous system and produce an increase in alertness and activity. Amphetamines, caffeine, and nicotine are all forms of stimulants. Common uses of these drugs include appetite suppression, fatigue reduction, and mood elevation. Some of these drugs may cause a stimulant reaction, even though this reaction is not their primary function. In some cases, stimulants can produce anxiety and mood swings, both of which are dangerous when flying.

Depressants are drugs that reduce the body's functioning in many areas. These drugs lower blood pressure, reduce mental processing, and slow motor and reaction responses. There are several types of drugs that can cause a depressing effect on the body, including tranquilizers, motion sickness medication, some types of stomach medication, decongestants, and antihistamines. The most common depressant is alcohol.

Substance	Generic Or Brand Name	Treatment for	Possible Side Effects
Alcohol	Beer Liquor Wine	N/A	Impaired judgment and perception Impaired coordination and motor control Reduced reaction time Impaired sensory perception Reduced intellectual functions Reduced tolerance to G-forces Inner-ear disturbance and spatial disorientation (up to 48 hours) Central nervous system depression
Nicotine	Cigars Cigarettes Pipe tobacco Chewing tobacco Snuff	N/A	Sinus and respiratory system infection and irritation Impaired night vision Hypertension Carbon monoxide poisoning (from smoking)
Amphetamines	Ritalin Obetrol Eskatrol	Obesity (diet pills) Tiredness	Prolonged wakefulness Nervousness Impaired vision Suppressed appetite Shakiness Excessive sweating Rapid heart rate Sleep disturbance Seriously impaired judgment
Caffeine	Coffee Tea Chocolate No-Doz	N/A	Impaired judgment Reduced reaction time Sleep disturbance Increased motor activity and tremors Hypertension Irregular heart rate Rapid heart rate Body dehydration (through increased urine output) Headaches
Antacid	Alka-2 Di-Gel Maalox	Stomach acids	Liberations of carbon dioxide at altitude (distension may cause acute abdominal pain and may mask other medical problems)
Antihistamines	Coricidin Contac Dristan Dimetapp Omade Chlor-Trimeton Diphenhydramine	Allergies Colds	Drowsiness and dizziness (sometimes recurring) Visual disturbances (when medications also contain antispasmodic drugs)
Aspirin	Bayer Bufferin Alka-Seltzer	Headaches Fevers Aches Pains	Irregular body temperature Variation in rate and depth of respiration Hypoxia and hyperventilation (two aspirin can contribute to) Nausea, ringing in ears, deafness, diarrhea, and hallucinations when taken in excessive dosages Corrosive action on the stomach lining Gastrointestinal problems Decreased clotting ability of the blood (clotting ability could be the difference between life and death in a survival situation)

Figure 17-9. *Adverse affects of various drugs.*

Some drugs that are classified as neither stimulants nor depressants have adverse effects on flying. For example, some antibiotics can produce dangerous side effects, such as balance disorders, hearing loss, nausea, and vomiting. While many antibiotics are safe for use while flying, the infection requiring the antibiotic may prohibit flying. In addition, unless specifically prescribed by a physician, do not take more than one drug at a time, and never mix drugs with alcohol because the effects are often unpredictable.

The dangers of illegal drugs also are well documented. Certain illegal drugs can have hallucinatory effects that occur days or weeks after the drug is taken. Obviously, these drugs have no place in the aviation community.

14 CFR prohibits pilots from performing crewmember duties while using any medication that affects the body in any way contrary to safety. The safest rule is not to fly as a crewmember while taking any medication, unless approved to do so by the FAA. If there is any doubt regarding the effects of any medication, consult an AME before flying.

Prior to each and every flight, all pilots must do a proper physical self-assessment to ensure safety. A great mnemonic, covered in Chapter 2 on Aeronautical Decision-Making, is IMSAFE, which stands for Illness, Medication, Stress, Alcohol, Fatigue, and Emotion.

For the medication component of IMSAFE, pilots need to ask themselves, “Am I taking any medicines that might affect my judgment or make me drowsy? For any new medication, OTC or prescribed, you should wait at least 48 hours after the first dose before flying to determine you do not have any adverse side effects that would make it unsafe to operate an aircraft. In addition to medication questions, pilots should also consider the following –

- Do not take any unnecessary or elective medications;
- Make sure you eat regular balanced meals;
- Bring a snack for both you and your passengers for the flight;
- Maintain good hydration - bring plenty of water;
- Ensure adequate sleep the night prior to the flight; and
- Stay physically fit.

Additionally, you should wait at least five maximal dosing intervals, the time between recommended or prescribed dosing, (e.g., a dosing interval of 5 to 6 hours would require you to wait 30 hours) before flying after taking any medication that has potentially adverse side effects (e.g., sedating or dizziness). Observing the recommended dosing interval doesn’t eliminate the risk for adverse side effects because

everyone metabolizes medications differently. However, five times the dosing interval is a reasonable rule of thumb.

Altitude-Induced Decompression Sickness (DCS)

Decompression sickness (DCS) describes a condition characterized by a variety of symptoms resulting from exposure to low barometric pressures that cause inert gases (mainly nitrogen), normally dissolved in body fluids and tissues, to come out of physical solution and form bubbles. Nitrogen is an inert gas normally stored throughout the human body (tissues and fluids) in physical solution. When the body is exposed to decreased barometric pressures (as in flying an unpressurized aircraft to altitude or during a rapid decompression), the nitrogen dissolved in the body comes out of solution. If the nitrogen is forced to leave the solution too rapidly, bubbles form in different areas of the body causing a variety of signs and symptoms. The most common symptom is joint pain, which is known as “the bends.” [Figure 17-10]

What to do when altitude-induced DCS occurs:

- Put on oxygen mask immediately and switch the regulator to 100 percent oxygen.
- Begin an emergency descent and land as soon as possible. Even if the symptoms disappear during descent, land and seek medical evaluation while continuing to breathe oxygen.
- If one of the symptoms is joint pain, keep the affected area still; do not try to work pain out by moving the joint around.
- Upon landing, seek medical assistance from an FAA medical officer, AME, military flight surgeon, or a hyperbaric medicine specialist. Be aware that a physician not specialized in aviation or hypobaric medicine may not be familiar with this type of medical problem.
- Definitive medical treatment may involve the use of a hyperbaric chamber operated by specially-trained personnel.
- Delayed signs and symptoms of altitude-induced DCS can occur after return to ground level regardless of presence during flight.

DCS After Scuba Diving

Scuba diving subjects the body to increased pressure, which allows more nitrogen to dissolve in body tissues and fluids. [Figure 17-11] The reduction of atmospheric pressure that accompanies flying can produce physical problems for scuba divers. A pilot or passenger who intends to fly after scuba diving should allow the body sufficient time to rid itself of excess nitrogen absorbed during diving. If not, DCS due to

DCS Type	Bubble Location	Signs and Symptoms (Clinical Manifestations)
BENDS	Mostly large joints of the body (elbows, shoulders, hip, wrists, knees, ankles)	- Localized deep pain, ranging from mild (a “niggle”) to excruciating—sometimes a dull ache, but rarely a sharp pain - Active and passive motion of the joint aggravating the pain - Pain occurring at altitude, during the descent, or many hours later
NEUROLOGIC Manifestations	Brain	- Confusion or memory loss - Headache - Spots in visual field (scotoma), tunnel vision, double vision (diplopia), or blurry vision - Unexplained extreme fatigue or behavior changes - Seizures, dizziness, vertigo, nausea, vomiting, and unconsciousness
	Spinal cord	- Abnormal sensations, such as burning, stinging, and tingling, around the lower chest and back - Symptoms spreading from the feet up and possibly accompanied by ascending weakness or paralysis - Girdling abdominal or chest pain
	Peripheral nerves	- Urinary and rectal incontinence - Abnormal sensations, such as numbness, burning, stinging and tingling (paresthesia) - Muscle weakness or twitching
CHOKES	Lungs	- Burning deep chest pain (under the sternum) - Pain aggravated by breathing - Shortness of breath (dyspnea) - Dry constant cough
SKIN BENDS	Skin	- Itching usually around the ears, face, neck, arms, and upper torso - Sensation of tiny insects crawling over the skin - Mottled or marbled skin usually around the shoulders, upper chest, and abdomen accompanied by itching - Swelling of the skin, accompanied by tiny scar-like skin depressions (pitting edema)

Figure 17-10. Signs and symptoms of altitude decompression sickness.

evolved gas can occur during exposure to low altitude and create a serious inflight emergency.

The recommended waiting time before going to flight altitudes of up to 8,000 feet is at least 12 hours after diving that does not require controlled ascent (nondecompression stop diving), and at least 24 hours after diving that does require controlled ascent (decompression stop diving). The waiting time before going to flight altitudes above 8,000 feet should be at least 24 hours after any scuba dive. These recommended altitudes are actual flight altitudes above mean sea level (MSL) and not pressurized cabin altitudes. This takes into consideration the risk of decompression of the aircraft during flight.

Vision in Flight

Of all the senses, vision is the most important for safe flight. Most of the things perceived while flying are visual or heavily supplemented by vision. As remarkable and vital as it is, vision is subject to limitations, such as illusions and blind spots. The more a pilot understands about the eyes and how they function, the easier it is to use vision effectively and compensate for potential problems.

The eye functions much like a camera. Its structure includes an aperture, a lens, a mechanism for focusing, and a surface for registering images. Light enters through the cornea at the front of the eyeball, travels through the lens, and falls on the retina. The retina contains light sensitive cells that convert



Figure 17-11. To avoid the bends, scuba divers must not fly for specific time periods following dives.