

# Medical Exam for Divers

# Diver PHA

- Purpose
  - Fit to dive, fit to work, med surveillance, assess impairment
- CAF SWD PHA (CFHS Instruction 4000-04)
  - Initial
  - Type I – P1, P2, 2452, 2552, DON screen, labs
  - Type II – P1, questionnaire review
  - P1 – anthropomorphics, vision, audio, 2452
  - P2 – full history and physical
- Initial Investigations
  - Blood – CBC, 'lytes, cr, liver enzymes (AST, ALT, GGT, Alk Phos), lipids, FBS q2 years
  - Urine – dip and micro
  - CXR – PA insp/expiration, lat (3 views) q5 years
  - EKG – q4 yrs to 40yo, then q2 yrs
  - Spirometry screen
  - DON screening – annual Q's; LBS if at-risk
  - CV risk assessment q4 to 40 then q2
- Physical Exam Highlights
  - HEENT – TM mobile with Valsalva, TM changes, TMJ ROM/crepitus
  - CVS
  - RESP
  - GI – scars, hernias, masses
  - MSK – document well any signs/symptoms, especially in the shoulders, elbows, hips and knees
  - Neuro – gait, cognition, CN, pronator drift, Romberg, sharpened Romberg, bulk/tone/power/sensory/DTR, peripheral vs.. dermatome nerve deficits, +/- SCAT

# Diver ROS

## 1. Asthma

- Asthma after age 12, wheeze, SOB, ILD or COPD
- Childhood Hx, ER presentations, hospitalizations
- EIA, respiratory cold tolerance, bronchitis, pneumonia, cough (nocturnal, post URTI)
- Puffer use
- No go asthma = requires ongoing use of rescue inhalers, induced by cold/exercise/anxiety or exposure to airborne particulate/chemical/petroleum distillates found in the dive/sub atmosphere

## 2. Pneumothorax

- Hx of spontaneous or traumatic, chest tube

## 3. Neuro

- Seizure/epilepsy
- Blackout/LOC
- Migraines with deficits/impact on fx

## 4. MH conditions

- Claustrophobia, anxiety, PTSD, phobias, substances (CAGE positive – context and consequences)

## 5. Significant Head trauma

- TBI/concussion/LOC >2 mins, skull #, any ICH, post-traumatic amnesia >30 mins, focal neuro sx, post concussive epilepsy or post concussive sx lasting >24 hrs
- For concussion/head injury
  - Total # of concussion or head injuries
  - Date last HI, interval between concussions/HIs
  - Change in threshold of trauma required to induce concussion/HI sx
- Previous assessment by neurologist/specialist
- Previous imaging results

## 6. ENT

- Sinus problems, nasal polyps, deviated nasal septum, sinusitis
- ETD problems clearing ears under pressure, flying
- Chronic OM/OE, TM perforation
- Vertigo, Meniere's

## 7. Hx of DI (DCS or AGE), DON, barotraumas