

MEDICAL EXAMINATIONS FOR CLIMBERS/RIGGERS

Guidance notes for Medical Practitioners on standards of fitness.

1. General

The following notes are intended as guidance to Medical Practitioners on the medical examination required for Climbers and Riggers.

2. The standard of medical fitness applied to aerial riggers and to occasional climbing personnel, such as inspection engineers should be the same. Both physical stamina strength follow a progression with age which includes a peak in every adult life with a subsequent slow decline. The peak in aerobic fitness occurs by age 20 and that in muscles strength between ages 20 and 30. The timing and frequency of medical assessments should take account of this natural decline. The following minimum periods for health review are suggested:

- a. 5 yearly to age 45.
- b. 2 yearly between ages 45 and 55.
- c. Annually after age 55.

3. Locomotion

There should be a full range and power of movement in all four limbs. An amputation will normally be a contra indication to this work. There should be full recovery of muscles bulk and power after a fracture. There should also be full mobility of the spine. Good movement of the cervical spine is particularly important.

4. Obesity

Excess body fat is a weight penalty during climbing and also indicative of a low level of habitual activity. Obesity should be judged clinically and by use of appropriate height/weight tables. Individuals more than 15 - 20 per cent in excess of their ideal weight for height are unlikely to be acceptable. However, as with all this advice, clinical judgement should be used to set the appropriate level of fitness of health against the tasks that will be undertaken by an individual.

5. Cardiovascular system

- a. Ischaemic heart disease.
- b. Vasovagal or syncopal attacks. Vertebro basilar insufficiency, or other transient ischaemic episodes.
- c. Paroxysmal arrhythmias or heart block. Individuals fitted with permanent cardiac pacemakers will require assessment of their underlying condition, their exercise capacity and of the likelihood of electromagnetic interference. The latter will require the advice of their pacing centre.
- d. Hypertension, unless well controlled and without significant side effects from medication.
- c. Symptomatic peripheral arterial disease and Raynaud's phenomenon, if manual dexterity in the cold is compromised.

6. Respiratory system

Any lung disease, either obstructive or fibrotic which significantly impairs lung function is likely to be a contra-indication. In case of doubt, lung function should be measured by peak flow reading. Neoplastic disease of the lung is an absolute contra-indication.

7. Diabetes

Diabetes controlled by diets alone will be acceptable but insulin dependent diabetes will not. Diabetes treated by diets and oral hypoglycaemic agents may be acceptable if there is no history of hypoglycaemic episodes or other complication of the disease..

8. Epilepsy

A history of any seizure since age five is a contra-indication.

9. Nervous system

There should be no history of unexplained episodes of loss of consciousness. There should be no history of episodes of vertigo or giddiness or of conditions affecting balance, such as Meniere's disease or chronic middle ear disease. Balance should be tested clinically. Migraine, particularly if it results in visual symptoms is likely to be unacceptable. Consideration should be given to the possible CNS side effects of prescribed medication. Alcohol or drug dependence will be a contra-indication.

10. Hearing

A good level of hearing is required in the speech bandwidth (defined as 300-3400 Hz).

11. Mental disposition

A sever anxiety neurosis, or a history of a psychotic illness will be a contraindication.

12. Vision

Visual acuity uncorrected should be a minimum of 6/36 in each eye. Visual acuity corrected should be 6.12 in each eye. Where correction, either by spectacles or contact lenses, is required, a spare pair of spectacles should be carried. Visual fields should be full in both eyes. Monocular vision is not acceptable in any applications, but may be accepted in an experienced rigger after a suitable period of adaptation has elapsed.

13. Physical stamina and strength

The history of the habitual level of exercise undertaken at work and during leisure time will provide some insight into the likely level of an individual's fitness. Them best test is the ability to undertake the work required, but it is desirable that a check of physical stamina is made before this is undertaken. For use in the consulting room, a step test is most convenient with pulse rate returning to near-resting levels within 2 minutes.