



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**ILIOTIBIAL BAND SYNDROME**  
**(Reasonable Hypothesis)**  
**(No. 3 of 2019)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 21 December 2018

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *iliotibial band syndrome (Reasonable Hypothesis)* (No. 3 of 2019).

**2 Commencement**

This instrument commences on 28 January 2019.

**3 Authority**

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

**4 Repeal**

The Statement of Principles concerning iliotibial band syndrome No. 34 of 2010 (Federal Register of Legislation No. F2010L01050) made under subsection 196B(2) of the VEA is repealed.

**5 Application**

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

**6 Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

**7 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about iliotibial band syndrome and death from iliotibial band syndrome.

*Meaning of iliotibial band syndrome*

- (2) For the purposes of this Statement of Principles, iliotibial band syndrome:
- (a) means a condition of the distal portion of the iliotibial tract where it courses over the lateral femoral epicondyle; and
  - (b) is characterised by pain and tenderness over the lateral aspect of the knee which usually worsens with physical activity; and
  - (c) excludes proximal iliotibial band syndrome and iliotibial band insertional tendinosis.
- (3) While iliotibial band syndrome attracts ICD-10-AM code M76.3, in applying this Statement of Principles the meaning of iliotibial band syndrome is that given in subsection (2).

- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*, Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

*Death from iliotibial band syndrome*

- (5) For the purposes of this Statement of Principles, iliotibial band syndrome, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's iliotibial band syndrome.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

## **8 Basis for determining the factors**

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that iliotibial band syndrome and death from iliotibial band syndrome can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

## **9 Factors that must exist**

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting iliotibial band syndrome or death from iliotibial band syndrome with the circumstances of a person's relevant service:

- (1) running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical onset of iliotibial band syndrome;
- (2) undertaking weight bearing exercise involving repeated flexion and extension of the affected knee, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical onset of iliotibial band syndrome;
- (3) increasing the frequency, duration or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical onset of iliotibial band syndrome;

Note: *MET* is defined in the Schedule 1 - Dictionary.

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- (4) cycling at a minimum intensity of five METs for at least five hours per week, for at least the four weeks before the clinical onset of iliotibial band syndrome;

Note: **MET** is defined in the Schedule 1 - Dictionary.

- (5) increasing the frequency, duration or intensity of cycling by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical onset of iliotibial band syndrome;

Note: **MET** is defined in the Schedule 1 - Dictionary.

- (6) undergoing knee reconstruction surgery with placement of an implant in the distal lateral femur within the one year before the clinical onset of iliotibial band syndrome;

- (7) having weakness or paralysis of an abductor muscle of the hip before the clinical onset of iliotibial band syndrome;

Note: Abductor muscles of the hip are the gluteus medius, gluteus minimus, gluteus maximus and tensor fasciae latae, and weakness may occur following hip injury, hip surgery or diseases that affect the hip joint, such as gluteal tendinopathy.

- (8) having varus malalignment of the knee or varus thrust of the knee before the clinical onset of iliotibial band syndrome;

Note: *varus malalignment of the knee* and *varus thrust of the knee* are defined in the Schedule 1 - Dictionary.

- (9) running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical worsening of iliotibial band syndrome;

- (10) undertaking weight bearing exercise involving repeated flexion and extension of the affected knee, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical worsening of iliotibial band syndrome;

Note: **MET** is defined in the Schedule 1 - Dictionary.

- (11) increasing the frequency, duration or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical worsening of iliotibial band syndrome;

Note: **MET** is defined in the Schedule 1 - Dictionary.

- (12) cycling at a minimum intensity of five METs for at least five hours per week, for at least the four weeks before the clinical worsening of iliotibial band syndrome;

Note: **MET** is defined in the Schedule 1 - Dictionary.

- (13) increasing the frequency, duration or intensity of cycling by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical worsening of iliotibial band syndrome;

Note: *MET* is defined in the Schedule 1 - Dictionary.

- (14) undergoing knee reconstruction surgery with placement of an implant in the distal lateral femur within the one year before the clinical worsening of iliotibial band syndrome;

- (15) having weakness or paralysis of an abductor muscle of the hip before the clinical worsening of iliotibial band syndrome;

Note: Abductor muscles of the hip are the gluteus medius, gluteus minimus, gluteus maximus and tensor fasciae latae, and weakness may occur following hip injury, hip surgery or diseases that affect the hip joint, such as gluteal tendinopathy.

- (16) having varus malalignment of the knee or varus thrust of the knee before the clinical worsening of iliotibial band syndrome;

Note: *varus malalignment of the knee* and *varus thrust of the knee* are defined in the Schedule 1 - Dictionary.

- (17) inability to obtain appropriate clinical management for iliotibial band syndrome.

## **10 Relationship to service**

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 9(9) to 9(17) apply only to material contribution to, or aggravation of, iliotibial band syndrome where the person's iliotibial band syndrome was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## **11 Factors referring to an injury or disease covered by another Statement of Principles**

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

# Schedule 1 - Dictionary

Note: See Section 6

## 1 Definitions

In this instrument:

***iliotibial band syndrome***—see subsection 7(2).

***MET*** means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute, 1.0 kcal/kg of body weight per hour or resting metabolic rate.

***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.

***relevant service*** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

***terminal event*** means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

***varus malalignment of the knee*** means a deformity in which the knees are abnormally separated and the lower extremities are bowed inwardly. The condition is also known as bowlegged.

***varus thrust of the knee*** means dynamic worsening or abrupt onset of varus alignment of knee as the lower limb becomes weight-bearing during gait.

***VEA*** means the *Veterans' Entitlements Act 1986*.