

Statement of Principles

concerning

ACQUIRED PES PLANUS

ICD CODE: 734

Veterans' Entitlements Act 1986
subsection 196B(2)

1. Being of the view that there is sound medical-scientific evidence that indicates that **acquired pes planus and death from acquired pes planus** can be related to operational service rendered by veterans, peacekeeping service rendered by members of Peacekeeping Forces and hazardous service rendered by members of the Forces, the Repatriation Medical Authority determines, under subsection 196B(2) of the *Veterans' Entitlements Act 1986* (the Act), that the factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **acquired pes planus or death from acquired pes planus** with the circumstances of that service, are:
 - (a) suffering physical trauma which impairs the ligamentous or the bony structure of the affected foot immediately before the clinical onset of acquired pes planus; or
 - (b) suffering a peripheral neuropathy of the affected foot before the clinical onset of acquired pes planus; or
 - (c) suffering from a degenerative or inflammatory condition of the tarsal joints of the affected foot immediately before the clinical onset of acquired pes planus; or

- (d) suffering physical trauma which impairs the ligamentous or the bony structure of the affected foot immediately before the clinical worsening of acquired pes planus; or
 - (e) suffering a peripheral neuropathy of the affected foot before the clinical worsening of acquired pes planus; or
 - (f) suffering from a degenerative condition of the tarsal joints of the affected foot immediately before the clinical worsening of acquired pes planus; or
 - (g) inability to obtain appropriate clinical management for acquired pes planus.
2. Subject to clause 3 (below) at least one of the factors set out in paragraphs **1(a) to 1(g)** must be related to any service rendered by a person.
3. The factors set out in paragraphs **1(d) to (g)** apply only where:
- (a) the person's **acquired pes planus** was suffered or contracted before a period, or part of a period, of service to which the factor is related; and
 - (b) the relationship suggested between the **acquired pes planus** and the particular service of a person is a relationship set out in paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act.
4. For the purposes of this Statement of Principles:

“acquired pes planus” means a deformed foot, attracting ICD code 734, in which the position of the bones relative to each other has been altered with the lowering of the longitudinal arch, but does not include congenital pes planus;

“degenerative or inflammatory condition of the tarsal joints” means a disease process affecting the stability or normal structural relationship of tarsal joints (such as the ankle joint, talonavicular joint or metatarsal joint), and includes rheumatoid arthritis, osteoarthritis, or tuberculosis, which affect the integrity of the joint;

“ICD code” means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1995, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 22235 5;

“peripheral neuropathy” means functional disturbance or pathological change in the nervous system supplying the foot, including peripheral neuropathy due to diabetes mellitus or leprosy;

“physical trauma” means an injury caused by the force of an extraneous physical or mechanical agent, including traumatic disruption of the plantar ligament, fracture or dislocation of the foot bones, rupture of the posterior tibial tendon, or dislocation of the talonavicular joint.

Dated this *Eighteenth* day of *July* 1995

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of:)

KEN DONALD
CHAIRMAN