Revocation and Determination

of

Statement of Principles
concerning

ROTATOR CUFF SYNDROME

ICD CODES: 726.10, 726.11, 726.12

Veterans' Entitlements Act 1986

1. The Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act):

(a) revokes Instrument No.5 of 1996; and

(b) determines in its place the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about **rotator cuff syndrome** and **death from rotator cuff syndrome**.

(b) For the purposes of this Statement of Principles, **"rotator cuff syndrome"** means an inflammatory disorder of the musculotendinous cuff of the shoulder joint (comprising supraspinatus, infraspinatus, subscapularis and teres minor) and/or the long head of biceps and their associated bursae (subacromial and/or subdeltoid bursae), attracting ICD code 726.10, 726.11 or 726.12. This definition includes supraspinatus syndrome, subacromial impingement syndrome, rotator cuff impingement syndrome, tendonitis of the long head of biceps and calcifying tendonitis of the shoulder. This definition specifically excludes frozen shoulder.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **rotator cuff syndrome** and **death from rotator cuff syndrome** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

Factors that must be related to service

4. Subject to clause 6, at least one of the factors set out in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **rotator cuff syndrome** or **death from rotator cuff syndrome** with the circumstances of a person's relevant service are:

(a) suffering trauma to the shoulder on the affected side within the 30 days immediately before the clinical onset of rotator cuff syndrome; or

(b) performing activities with the hand on the affected side at or above the point of the shoulder (whilst standing or sitting):

(i) for at least two hours each day; and
(ii) for at least 65 days, all within a period of 120 consecutive days; and
(iii) if ceased, the activities ceased within the 30 days immediately before the clinical onset of rotator cuff syndrome; or

(c) undergoing haemodialysis treatment for a period of at least one year before the clinical onset of rotator cuff syndrome; or

(d) regularly using the upper limbs for transfer for a continuous period of at least one year immediately before the clinical onset of rotator cuff syndrome; or

(e) having acquired anatomical narrowing of the subacromial space on the affected side for a continuous period of at least 90 days immediately before the clinical onset of rotator cuff syndrome; or

(f) suffering from excess laxity of the shoulder joint on the affected side for a period of at least one year immediately before the clinical onset of rotator cuff syndrome; or

(g) suffering trauma to the shoulder on the affected side within the 30 days immediately before the clinical worsening of rotator cuff syndrome; or

(h) performing activities with the hand on the affected side at or above the point of the shoulder (whilst standing or sitting):

(i) for at least two hours each day; and
(ii) for at least 65 days, all within a period of 120 consecutive days; and
(iii) if ceased, the activities ceased within the 30 days immediately before the clinical worsening of rotator cuff syndrome; or

(j) undergoing haemodialysis treatment for a period of at least one year before the clinical worsening of rotator cuff syndrome; or

(k) regularly using the upper limbs for transfer for a continuous period of at least 30 days immediately before the clinical worsening of rotator cuff syndrome; or

(m) having acquired anatomical narrowing of the subacromial space on the affected side for a continuous period of at least 30 days immediately before the clinical worsening of rotator cuff syndrome; or

(n) suffering from excess laxity of the shoulder joint on the affected side for a period of at least 30 days immediately before the clinical worsening of rotator cuff syndrome; or

(o) inability to obtain appropriate clinical management for rotator cuff syndrome.

Factors that apply only to material contribution or aggravation

6. Paragraphs **5(g) to 5(o)** apply only to material contribution to, or aggravation of, rotator cuff syndrome where the person's rotator cuff syndrome was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

Other definitions

7. For the purposes of this Statement of Principles:

"acquired anatomical narrowing of the subacromial space" means a reduction in the space between the acromion and upper end of the humerus. Causes would include:

(i) malunited fractures of the acromion sloping downwards; or
(ii) malunited fractures of the greater tuberosity giving rise to a bony prominence; or
(iii) osteophytes projecting into the subacromial space;

"excess laxity of the shoulder joint" means excess laxity of the glenohumeral joint enabling partial dislocation. Causes of excess laxity of the shoulder joint include significant shoulder injuries such as shoulder dislocations, and weakness of the muscles which stabilise the shoulder joint, but do not include weakness of the rotator cuff muscles developed secondary to rotator cuff syndrome;

"haemodialysis treatment" means the removal of certain elements from the blood by virtue of the difference in the rates of their diffusion through a semipermeable membrane by means of a haemodialyser;

"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 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

"regularly using the upper limbs for transfer" means the use by a person of their upper limbs to transfer themselves (for example, from chair to bed), due to their inability to use their lower limbs for mobilisation (for example, paraplegia). It does not mean the temporary use of a wheelchair, such as when recovering from a fracture or a sprain involving a lower limb;

"relevant service" means:

(a) operational service; or
(b) peacekeeping service; or
(c) hazardous service;

"trauma to the shoulder" means an injury to the shoulder region that causes to develop, within 24 hours of the injury being sustained, acute symptoms and signs of pain, tenderness, and altered mobility or range of

movement of the shoulder joint, attracting ICD code 812.0, 812.1, 831, 880 or 959.2. The acute symptoms and signs must have lasted for a continuous period of at least three days immediately after they arose, unless medical intervention has occurred. Where medical intervention for the injury has occurred (eg splinting, supporting in a sling, anti-inflammatory medication, surgery), and there is evidence relating to the extent of injury and treatment, such evidence may be considered.

Application

8. This Instrument applies to all matters to which section 120A of the Act applies.

Dated this *Eighth* day of *October* 1997

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

KEN DONALD
CHAIRMAN