Statement of Principles
centering

OSTEOARTHRYSIS

No. 31 of 2005

for the purposes of the

Veterans’ Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning osteoarthrosis No. 31 of 2005.

Determination

2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 81 of 2001; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about osteoarthrosis and death from osteoarthrosis.
   (b) For the purposes of this Statement of Principles, “osteoarthrosis” means a clinical joint disorder associated with progressive loss of articular cartilage, sclerosis of the underlying bone, proliferation of bone and cartilage at the joint margins, and inflammation of the synovium, as well as a history of pain, impaired function and stiffness.
   (c) Osteoarthrosis attracts ICD-10-AM code M15, M16, M17, M18 or M19.
In the application of this Statement of Principles, the definition of “osteoarthrosis” is that given at paragraph 3(b) above.

**Basis for determining the factors**

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that osteoarthrosis and death from osteoarthrosis 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 Military Rehabilitation and Compensation Act 2004 (the MRCA).

**Factors that must be related to service**

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

**Factors**

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting osteoarthrosis or death from osteoarthrosis with the circumstances of a person’s relevant service is:

   (a) being a prisoner of war before the clinical onset of osteoarthrosis; or

   (b) having inflammatory joint disease of the affected joint before the clinical onset of osteoarthrosis in that joint; or

   (c) having septic arthritis of the affected joint before the clinical onset of osteoarthrosis in that joint; or

   (d) having an intra-articular fracture of the affected joint before the clinical onset of osteoarthrosis in that joint; or

   (e) having haemarthrosis of the affected joint before the clinical onset of osteoarthrosis in that joint; or

   (f) having a depositional joint disease in the affected joint before the clinical onset of osteoarthrosis in that joint; or

   (g) having a trauma to the affected joint before the clinical onset of osteoarthrosis in that joint; or

   (h) having frostbite involving the affected joint before the clinical onset of osteoarthrosis in that joint; or
(i) for osteoarthrosis of a hip, knee or ankle joint only, having disordered joint mechanics affecting that joint before the clinical onset of osteoarthrosis in that joint; or

(j) for osteoarthrosis of a hip, knee or ankle joint only, lifting loads of at least twenty-five kilograms while bearing weight through the affected joint to a cumulative total of at least 120,000 kilograms within any ten year period before the clinical onset of osteoarthrosis in that joint; or

(k) for osteoarthrosis of a hip, knee, ankle or hand joint only, being obese for at least ten years before the clinical onset of osteoarthrosis in that joint; or

(l) for osteoarthrosis of a hip or knee joint only, ascending or descending at least 300 stairs or rungs of a ladder per day, on more days than not for a continuous period of at least two years, before the clinical onset of osteoarthrosis in that joint; or

(m) for osteoarthrosis of a knee joint only, kneeling or squatting for a cumulative period of at least one hour each day on more days than not for a continuous period of at least one year before the clinical onset of osteoarthrosis in that joint; or

(n) for osteoarthrosis of a knee joint only, having internal derangement of the knee before the clinical onset of osteoarthrosis in that joint; or

(o) for osteoarthrosis of an elbow, wrist, or metacarpophalangeal joint only, using a hand-held, vibrating, percussive, industrial tool on more days than not for at least ten years before the clinical onset of osteoarthrosis in that joint; or

(p) having inflammatory joint disease of the affected joint before the clinical worsening of osteoarthrosis in that joint; or

(q) having septic arthritis of the affected joint before the clinical worsening of osteoarthrosis in that joint; or

(r) having an intra-articular fracture of the affected joint before the clinical worsening of osteoarthrosis in that joint; or

(s) having haemarthrosis of the affected joint before the clinical worsening of osteoarthrosis in that joint; or
(t) having a depositional joint disease in the affected joint before the clinical worsening of osteoarthrosis in that joint; or

(u) having a trauma to the affected joint before the clinical worsening of osteoarthrosis in that joint; or

(v) having frostbite involving the affected joint before the clinical worsening of osteoarthrosis in that joint; or

(w) for osteoarthrosis of a hip, knee or ankle joint only, having disordered joint mechanics affecting that joint before the clinical worsening of osteoarthrosis in that joint; or

(x) for osteoarthrosis of a hip, knee or ankle joint only, lifting loads of at least twenty-five kilograms while bearing weight on the affected joint to a cumulative total of at least 120,000 kilograms within any ten year period before the clinical worsening of osteoarthrosis in that joint; or

(y) for osteoarthrosis of a hip, knee, ankle or hand joint only, being obese for at least ten years before the clinical worsening of osteoarthrosis in that joint; or

(z) for osteoarthrosis of a hip or knee joint only, ascending or descending at least 300 stairs or rungs of a ladder per day, on more days than not for a continuous period of at least two years, before the clinical worsening of osteoarthrosis in that joint; or

(za) for osteoarthrosis of a knee joint only, kneeling or squatting for a cumulative period of at least one hour each day on more days than not for a continuous period of at least one year before the clinical worsening of osteoarthrosis in that joint; or

(zb) for osteoarthrosis of a knee joint only, having internal derangement of the knee before the clinical worsening of osteoarthrosis in that joint; or

(zc) for osteoarthrosis of an elbow, wrist, or metacarpophalangeal joint only, using a hand-held, vibrating, percussive, industrial tool on more days than not for at least ten years before the clinical worsening of osteoarthrosis in that joint; or

(zd) inability to obtain appropriate clinical management for osteoarthrosis.
Factors that apply only to material contribution or aggravation

7. Paragraphs 6(p) to 6(zd) apply only to material contribution to, or aggravation of, osteoarthrosis where the person’s osteoarthrosis was suffered or contracted before or during (but not arising out of) the person’s relevant service.

Inclusion of Statements of Principles

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

“being obese” means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of thirty or greater.

The BMI = W/H^2 and where:
W is the person’s weight in kilograms and
H is the person’s height in metres;

“death from osteoarthrosis” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s osteoarthrosis;

“depositional joint disease” means gout, pseudogout, haemochromatosis, Wilson’s disease or ochronosis;

“disordered joint mechanics” means maldistribution of loading forces on that joint resulting from:
(a) a rotation or angulation deformity of the long bones of the affected limb;
(b) a rotation or angulation deformity of the hip, knee or ankle joint of the affected limb;
(c) necrosis of bone near the affected joint;
(d) amputation involving either leg; or
(e) a permanent limp involving either leg resulting from pelvic, thoracolumbar spine, long bone or joint pathology;

“haemarthrosis” means bleeding into the joint;
“hand joint” means the interphalangeal, metacarpophalangeal and intercarpal joints of the hand, but excludes the wrist joint;

“ICD-10-AM code” means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), Fourth Edition, effective date of 1 July 2004, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 594 1;

“inflammatory joint disease” means rheumatoid arthritis, Reiter’s syndrome, psoriatic arthropathy, ankylosing spondylitis, or arthritis associated with Crohn’s disease or ulcerative colitis;

“intra-articular fracture” means a fracture involving the articular surface of a joint;

“relevant service” means:
(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) warlike service under the MRCA; or
(e) non-warlike service under the MRCA;

“septic arthritis” means the bacterial infection of a joint resulting in inflammation within that joint;

“terminal event” means the proximate or ultimate cause of death and includes:
(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function;

“trauma to the affected joint” means a discrete joint injury that causes the development, within twenty-four hours of the injury being sustained,
of symptoms and signs of pain, and tenderness, and either altered mobility or range of movement of the joint. These symptoms and signs must last for a period of at least seven days following their onset; save for where medical intervention for the trauma to that joint has occurred and that medical intervention involves either:

(a) immobilisation of the joint or limb by splinting, or similar external agent; or
(b) injection of corticosteroids or local anaesthetics into that joint; or
(c) surgery to that joint.

Application

10. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 16 November 2005.

Dated this eighth day of November 2005

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

KEN DONALD
CHAIRPERSON