Statement of Principles
concerning

FRACTURE

No. 54 of 2006

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 fracture No. 54 of 2006.

Determination
2. The Repatriation Medical Authority under subsection 196B(3) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 12 of 1994 as amended by Instrument No. 220 of 1995 concerning fracture; and
   (b) determines in their place this Statement of Principles.

Kind of injury, disease or death
3. (a) This Statement of Principles is about fracture and death from fracture.
   (b) For the purposes of this Statement of Principles, "fracture" means an acquired break or rupture of bone. This definition excludes spondylolysis.

Basis for determining the factors
4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that
fracture and death from fracture can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, fracture or death from fracture is connected with the circumstances of a person’s relevant service is:

(a) receiving physical trauma involving the affected bone at the time of the clinical onset of fracture; or

(b) having Paget’s disease of bone involving the affected region of bone at the time of the clinical onset of fracture; or

(c) having osteoporosis involving the affected region of bone at the time of the clinical onset of fracture; or

(d) having osteomalacia involving the affected region of bone at the time of the clinical onset of fracture; or

(e) having osteonecrosis involving the affected region of bone at the time of the clinical onset of fracture; or

(f) having an infection involving the affected region of bone at the time of the clinical onset of fracture; or

(g) having a malignant neoplasm involving the affected region of bone at the time of clinical onset of fracture; or

(h) having a benign neoplasm involving the affected region of bone at the time of the clinical onset of fracture; or

(i) for stress fracture only, having repetitive loading stress to the affected region of the body at the time of the clinical onset of fracture; or

(j) receiving physical trauma involving the affected bone at the time of the clinical worsening of fracture; or
(k) having osteonecrosis involving the affected region of bone at the
time of the clinical worsening of fracture; or

(l) having an infection involving the affected region of bone at the
time of the clinical worsening of fracture; or

(m) for stress fracture only, having repetitive loading stress to the
affected region of the body at the time of the clinical worsening
of fracture; or

(n) inability to obtain appropriate clinical management for fracture.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(j) to 6(n) apply only to material contribution to, or
aggravation of, fracture where the person’s fracture 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:

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

"osteomalacia" means a disease of bone in which there is a reduction
in the mineralisation of its organic matrix and bone softening, due to a
deficiency of vitamin D or problems with the metabolism of vitamin D;

"osteonecrosis" means a disease of bone where death of bone tissue
occurs as a result of the temporary or permanent loss of blood supply
to bone. Osteonecrosis is also known as avascular necrosis, aseptic
necrosis or ischaemic necrosis;
"relevant service" means:
(a) eligible war service (other than operational service) under the VEA; or
(b) defence service (other than hazardous service) under the VEA; or
(c) peacetime service under the MRCA;

"repetitive loading stress" means ongoing physical activity which involves at least a moderate level of weight bearing exercise such as speed walking, jogging, athletics or running, or weight training for the upper limbs;

"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.

Application

10. This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 8 November 2006.

Dated this thirtieth day of October 2006

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

KEN DONALD
CHAIRPERSON