

Statement of Principles  
concerning

**DISLOCATION**

**No. 24 of 2010**

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 dislocation No. 24 of 2010.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 290 of 1995 concerning dislocation; and
  - (b) determines in its place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **dislocation** and **death from dislocation**.
  - (b) For the purposes of this Statement of Principles, "**dislocation**" means an episode of complete or partial displacement of the normal relationship of the articular surfaces of the bones making up a joint, known also as luxation or subluxation of the joint. This definition excludes spondylolisthesis, congenital dislocation and recurrent dislocation due to joint instability.
  - (c) Dislocation attracts ICD-10-AM code M24.3, M99.1, S03.0, S33.1, S33.2, S33.3, S43.1, S43.2, S43.3, S53.0, S53.1, S63.0, S63.1, S63.2, S93.0, S93.1 or S93.3.

- (d) In the application of this Statement of Principles, the definition of "**dislocation**" 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 **dislocation** and **death from dislocation** 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 **dislocation** or **death from dislocation** with the circumstances of a person's relevant service is:
- (a) having physical trauma to the affected joint at the time of the clinical onset of dislocation; or
  - (b) having a disease process affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical onset of dislocation; or
  - (c) having damage to a soft tissue structure as specified, at the time of the clinical onset of dislocation; or
  - (d) having laxity of the joint capsule or a stabilising ligament of the affected joint, at the time of the clinical onset of dislocation; or
  - (e) having a fracture, avulsion or bony defect involving the articulating surfaces of the affected joint, at the time of the clinical onset of dislocation; or
  - (f) having a biomechanical abnormality involving the affected joint, at the time of the clinical onset of dislocation; or

- (g) for rotational atlantoaxial joint dislocation only,
  - (i) having an inflammatory or infectious condition involving the ear, nose or throat within the 21 days before the clinical onset of dislocation; or
  - (ii) having undergone a surgical procedure involving the head or neck within the 21 days before the clinical onset of dislocation; or
- (h) for temporomandibular joint dislocation only,
  - (i) undergoing tracheal intubation at the time of the clinical onset of dislocation;
  - (ii) undergoing intravenous sedation at the time of the clinical onset of dislocation; or
  - (iii) undergoing an activity that involves wide opening of the mouth at the time of the clinical onset of dislocation; or
- (i) inability to obtain appropriate clinical management for dislocation.

#### **Factors that apply only to material contribution or aggravation**

7. Paragraph **6(i)** applies only to material contribution to, or aggravation of, dislocation where the person's dislocation 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:

**"a biomechanical abnormality involving the affected joint"** means an abnormality of the forces acting on the affected joint as a result of a muscle, tendon, ligament, or bone, that maintains the normal structural or functional relationship between the articulating surfaces of the affected joint, and that is not functioning correctly, is abnormal or is misaligned. This definition includes biomechanical abnormality as a result of surgery involving the stabilising structures of the affected joint

and extra-articular malunion of a fracture of a bone involved in the affected joint;

**"a disease process affecting the normal structural or functional relationship between the articulating surfaces of the affected joint"** means:

- (a) a degenerative or inflammatory condition of the affected joint, including neuropathic arthropathy, rheumatoid arthritis, osteoarthritis or tuberculosis, which affects the integrity of the affected joint; or
- (b) a neurological, muscular, or vascular condition, including cerebrovascular accident, epileptic seizure, poliomyelitis or dyskinesia caused by neuroleptic drugs, which affects those tissues, or control of those tissues, which maintain the integrity of the affected joint;

**"a soft tissue structure as specified"** means a tendon, ligament or fibrocartilaginous structure that contributes to joint stability in the affected joint;

**"an activity that involves wide opening of the mouth"** means an activity in which an active force imposes undue tension on the temporomandibular joint capsular ligaments, and includes dental procedures, vomiting and coughing;

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

**"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), Sixth Edition, effective date of 1 July 2008, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 016 6;

**"neuropathic arthropathy"** means a progressive destructive arthritis associated with loss of pain sensation or proprioception, which can result from various underlying disorders, including tabes dorsalis, syringomyelia, and diabetes mellitus;

**"physical trauma to the affected joint"** means a force applied directly to the affected joint, or to the body and which is transmitted to the affected joint. This definition includes electric shock;

**"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;

**"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 120A of the VEA or section 338 of the MRCA applies.

**Date of effect**

- 11. This Instrument takes effect from 12 May 2010.

Dated this *twenty-second* day of *April* 2010.

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

KEN DONALD  
CHAIRPERSON