



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

PES PLANUS

No. 45 of 2012

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 pes planus No. 45 of 2012.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 61 of 2001, as amended by Instrument No. 5 of 2002, concerning pes planus; and
 - (b) determines in their place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **pes planus** and **death from pes planus**.
 - (b) For the purposes of this Statement of Principles, "**pes planus**" means:
 - (i) "**acquired pes planus**" (also known as acquired flatfoot) means a condition of the foot characterised by flatness of the longitudinal arch of the foot on weight bearing, which may result in foot pain and which is due to acquired causes; and
 - (ii) "**congenital pes planus**" (also known as congenital flatfoot) means a condition of the foot characterised by flatness of the

longitudinal arch of the foot on weight bearing, which may result in foot pain and which is due to congenital or developmental abnormalities and may be evident from birth, but usually becomes manifest in the first or second decade of life.

- (c) Pes planus attracts ICD-10-AM code M21.4 or Q66.5.
- (d) In the application of this Statement of Principles, the definition of "**pes planus**" 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 **pes planus** and **death from pes planus** 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 **pes planus** or **death from pes planus** with the circumstances of a person's relevant service is:
 - (a) for acquired pes planus only,
 - (i) having a fracture of one or more tarsal or metatarsal bones of the affected foot before the clinical onset of pes planus; or
 - (ii) having a subluxation or dislocation of one or more of the tarsal or tarso-metatarsal joints of the affected foot before the clinical onset of pes planus; or
 - (iii) having a discrete ligamentous, muscular or tendon injury, including that from surgery, resulting in instability of one or more of the tarsal or tarso-metatarsal joints of the affected foot before the clinical onset of pes planus; or
 - (iv) having weakness or paralysis of supinators or small muscles of the sole of the affected foot at the time of the clinical onset of pes planus; or
 - (v) having tightening of pronators of the affected foot at the time of the clinical onset of pes planus; or
 - (vi) having arthritis or other destructive lesion of one or more of the tarsal or tarso-metatarsal joints of the affected foot at the time of the clinical onset of pes planus; or
 - (vii) having rupture or division of the plantar fascia of the affected foot before the clinical onset of pes planus; or

- (viii) having a space occupying lesion limiting the ability of the affected foot to supinate at the time of the clinical onset of pes planus; or
- (ix) being obese at the time of the clinical onset of pes planus; or
- (b) having a fracture of one or more tarsal or metatarsal bones of the affected foot before the clinical worsening of pes planus; or
- (c) having a subluxation or dislocation of one or more of the tarsal or tarso-metatarsal joints of the affected foot before the clinical worsening of pes planus; or
- (d) having a discrete ligamentous, muscular or tendon injury, including that from surgery, resulting in instability of one or more of the tarsal or tarso-metatarsal joints of the affected foot before the clinical worsening of pes planus; or
- (e) having weakness or paralysis of supinators or small muscles of the sole of the affected foot at the time of the clinical worsening of pes planus; or
- (f) having tightening of pronators of the affected foot at the time of the clinical worsening of pes planus; or
- (g) having arthritis or other destructive lesion of one or more of the tarsal or tarso-metatarsal joints of the affected foot at the time of the clinical worsening of pes planus; or
- (h) having rupture or division of the plantar fascia of the affected foot before the clinical worsening of pes planus; or
- (i) having a space occupying lesion limiting the ability of the affected foot to supinate at the time of the clinical worsening of pes planus; or
- (j) being obese at the time of the clinical worsening of pes planus; or
- (k) running an average of at least ten kilometres per week, for the one month before the clinical worsening of pes planus; or
- (l) walking while carrying loads of at least 15 kilograms, an average of at least ten kilometres per week, for the one month before the clinical worsening of pes planus; or
- (m) inability to obtain appropriate clinical management for pes planus.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(b) to 6(m)** apply only to material contribution to, or aggravation of, pes planus where the person's pes planus 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 pes planus" in relation to a person includes death from a terminal event or condition that was contributed to by the person's pes planus;

"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), Seventh Edition, effective date of 1 July 2010, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 154 5;

"relevant service" means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) 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;

"tightening of pronators" means spasticity of the pronator muscles or shortening of the pronator muscles or tendons from:

- (a) a nerve lesion;
- (b) a muscle lesion; or
- (c) skeletal deformity;

"weakness or paralysis of supinators or small muscles of the sole of the foot" means weakness or paralysis of supinators of the foot or the small muscles of the sole of the foot from:

- (a) central or peripheral nervous system lesion;
- (b) myopathy;
- (c) tendonitis; or
- (d) complete or partial rupture of the muscle or tendon.

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 11 July 2012.

Dated this *twenty-first* day of *June* 2012

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

KEN DONALD
CHAIRPERSON