



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

SHIN SPLINTS

No. 10 of 2015

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 shin splints No. 10 of 2015.

Determination

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 50 of 2006 concerning shin splints; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **shin splints** and **death from shin splints**.
 - (b) For the purposes of this Statement of Principles, "**shin splints**" means medial tibial stress syndrome and chronic exertional compartment syndrome of the lower leg, where:

"medial tibial stress syndrome" means exercise-induced pain along the posteromedial aspect of the distal two-thirds of the tibia which typically resolves or reduces with rest, but may recur with exercise. The pain is attributed to a bone stress reaction or periosteal inflammation in the tibia; and

"chronic exertional compartment syndrome of the lower leg" means exercise-induced pain and tightness originating in the calf or shin which typically resolves or reduces with rest, but may recur with exercise. The pain is attributed to raised pressure in the compartments of the lower leg.

This definition excludes fracture, stress fracture, bursitis, infections, tumours, vascular insufficiency, entrapment of nerves or arteries, acute sprain and acute strain.

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 **shin splints** and **death from shin splints** 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, **shin splints** or **death from shin splints** is connected with the circumstances of a person's relevant service is:
 - (a) running or jogging an average of at least 60 kilometres per week for the one month before the clinical onset of shin splints; or
 - (b) undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side, at a minimum intensity of five METs, for at least six hours per week for the one month before the clinical onset of shin splints; or
 - (c) increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side by at least 100 percent, to a minimum intensity of five METs for at least four hours per day, within the seven days before the clinical onset of shin splints; or
 - (d) for medial tibial stress syndrome only, having excess pronation of the foot of the affected limb before the clinical onset of shin splints; or
 - (e) running or jogging an average of at least 60 kilometres per week for the one month before the clinical worsening of shin splints; or
 - (f) undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side, at a minimum intensity of five METs, for at least six hours per week for the one month before the clinical worsening of shin splints; or
 - (g) increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side by at least 100

percent, to a minimum intensity of five METs for at least four hours per day, within the seven days before the clinical worsening of shin splints; or

- (h) for medial tibial stress syndrome only, having excess pronation of the foot of the affected limb before the clinical worsening of shin splints; or
- (i) inability to obtain appropriate clinical management for shin splints.

Factors that apply only to material contribution or aggravation

- 7. Paragraphs **6(e) to 6(i)** apply only to material contribution to, or aggravation of, shin splints where the person's shin splints were 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 shin splints" in relation to a person includes death from a terminal event or condition that was contributed to by the person's shin splints;

"excess pronation of the foot" means a positional deformity of the foot such that there is excessive eversion (inward roll) of the foot, either when the foot is in a fixed position or in dynamic motion;

"MET" means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute, 1.0 kcal/kg of body weight per hour or resting metabolic rate;

"relevant service" means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime 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 120B of the VEA or section 339 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 27 January 2015.

Dated this **nineteenth** day of **December** 2014

The Common Seal of the
Repatriation Medical Authority
was affixed at the direction of:)
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PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON