



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**POPLITEAL CYST**  
**(Reasonable Hypothesis)**  
**(No. 31 of 2018)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 2 March 2018

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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## **1 Name**

This is the Statement of Principles concerning *popliteal cyst (Reasonable Hypothesis)* (No. 31 of 2018).

## **2 Commencement**

This instrument commences on 2 April 2018.

## **3 Authority**

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

## **4 Application**

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

## **5 Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

## **6 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about popliteal cyst and death from popliteal cyst.

### *Meaning of popliteal cyst*

- (2) For the purposes of this Statement of Principles, popliteal cyst means a swelling in the popliteal fossa due to enlargement of the gastrocnemius-semimembranosus bursa, where the swelling is associated with clinical manifestations.

Note: Clinical manifestations of a popliteal cyst include a palpable swelling or mass behind the knee, posterior knee pain, knee stiffness, tightness in the popliteal region and limitation of range of motion of the affected knee joint. Pain and swelling may be worsened by prolonged standing or activity. Popliteal cysts may enlarge, dissect or rupture, sometimes resulting in compression or inflammation of adjacent structures.

- (3) While popliteal cyst attracts ICD-10-AM code M66.0 or M71.2, in applying this Statement of Principles the meaning of popliteal cyst is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

### *Death from popliteal cyst*

- (5) For the purposes of this Statement of Principles, popliteal cyst, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's popliteal cyst.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

## **7 Basis for determining the factors**

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that popliteal cyst and death from popliteal cyst 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 MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

## **8 Factors that must exist**

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting popliteal cyst or death from popliteal cyst with the circumstances of a person's relevant service:

- (1) having an injury or disease which causes synovitis of the affected knee joint at the time of the clinical onset of popliteal cyst;

Note: Examples of an injury or disease which can cause synovitis of the affected knee joint include:

- (a) an acute meniscal tear of the knee;
- (b) calcium pyrophosphate deposition disease (pseudogout);
- (c) dialysis-related amyloidosis;
- (d) gout;
- (e) internal derangement of the knee;
- (f) Lyme disease;
- (g) osteoarthritis;
- (h) pigmented villonodular synovitis;
- (i) psoriatic arthropathy;
- (j) reactive arthritis;
- (k) rheumatoid arthritis;
- (l) sarcoidosis; and
- (m) tuberculosis.

- (2) having a partial or total knee replacement before the clinical onset of popliteal cyst;

- (3) having an injury or disease which causes synovitis of the affected knee joint at the time of the clinical worsening of popliteal cyst;

Note: Examples of an injury or disease which can cause synovitis of the affected knee joint include:

- (a) an acute meniscal tear of the knee;
- (b) calcium pyrophosphate deposition disease (pseudogout);
- (c) dialysis-related amyloidosis;
- (d) gout;
- (e) internal derangement of the knee;
- (f) Lyme disease;

- (g) osteoarthritis;
  - (h) pigmented villonodular synovitis;
  - (i) psoriatic arthropathy;
  - (j) reactive arthritis;
  - (k) rheumatoid arthritis;
  - (l) sarcoidosis; and
  - (m) tuberculosis.
- (4) having a partial or total knee replacement before the clinical worsening of popliteal cyst;
- (5) for clinical worsening of a popliteal cyst manifesting as rupture of a popliteal cyst only, undertaking physical activity at a minimum intensity of five METS at the time of the clinical worsening of popliteal cyst;
- Note: *MET* is defined in the Schedule 1 - Dictionary.
- (6) inability to obtain appropriate clinical management for popliteal cyst.

## **9 Relationship to service**

- (1) The existence in a person of any factor referred to in section 8, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 8(3) to 8(6) apply only to material contribution to, or aggravation of, popliteal cyst where the person's popliteal cyst was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## **10 Factors referring to an injury or disease covered by another Statement of Principles**

In this Statement of Principles:

- (1) if a factor referred to in section 8 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

# Schedule 1 - Dictionary

Note: See Section 5

## 1 Definitions

In this instrument:

**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.

**MRCA** means the *Military Rehabilitation and Compensation Act 2004*.

**popliteal cyst**—see subsection 6(2).

**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.

Note: **MRCA** and **VEA** are also defined in the Schedule 1 - Dictionary.

**terminal event** means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

**VEA** means the *Veterans' Entitlements Act 1986*.