



Statement of Principles concerning TRIGGER FINGER (Balance of Probabilities) (No. 40 of 2019)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 1 March 2019

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 "Nicholas Saunders".

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *trigger finger (Balance of Probabilities)* (No. 40 of 2019).

2 Commencement

This instrument commences on 25 March 2019.

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

4 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 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 trigger finger and death from trigger finger.

Meaning of trigger finger

- (2) For the purposes of this Statement of Principles, trigger finger, also known as stenosing flexor tenosynovitis, means a tendon entrapment of one or more digits, where enlargement of the tendon or narrowing of its flexor pulley sheath leads to the tendon being unable to slide smoothly within the sheath.

Note: Trigger finger typically presents with catching and locking during flexion or extension of the affected digit.

- (3) While trigger finger attracts ICD-10-AM code M65.3, in applying this Statement of Principles the meaning of trigger finger 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 trigger finger

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

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

7 Basis for determining the factors

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

- (1) performing repetitive activities or forceful activities using the affected hand, for a cumulative period of at least 500 hours within the six months before the clinical onset of trigger finger;

Note: *forceful activities* and *repetitive activities* are defined in the Schedule 1 - Dictionary.

- (2) having acute trauma involving the affected tendon or tendon sheath, within the one year before the clinical onset of trigger finger;

Note: Examples of acute trauma include, but are not limited to, a laceration, puncture, heavy blow, fracture and crush injury.

- (3) having diabetes mellitus before the clinical onset of trigger finger;

- (4) having a space occupying lesion involving the affected tendon or tendon sheath at the time of the clinical onset of trigger finger;

Note: Examples of a space occupying lesion include, but are not limited to, amyloid deposit, gouty tophus, granuloma and post-surgery adhesion.

- (5) being treated with an aromatase inhibitor within the one year before the clinical onset of trigger finger;

Note: Examples of aromatase inhibitors include, but are not limited to, anastrozole, exemestane and letrozole.

- (6) performing repetitive activities or forceful activities using the affected hand, for a cumulative period of at least 500 hours within the six months before the clinical worsening of trigger finger;

Note: *forceful activities* and *repetitive activities* are defined in the Schedule 1 - Dictionary.

- (7) having acute trauma involving the affected tendon or tendon sheath, within the one year before the clinical worsening of trigger finger;
Note: Examples of acute trauma include, but are not limited, to a laceration, puncture, heavy blow, fracture and crush injury.
- (8) having diabetes mellitus before the clinical worsening of trigger finger;
- (9) having a space occupying lesion involving the affected tendon or tendon sheath at the time of the clinical worsening of trigger finger;
Note: Examples of a space occupying lesion include, but are not limited to, amyloid deposit, gouty tophus, granuloma and post-surgery adhesion.
- (10) being treated with an aromatase inhibitor within the one year before the clinical worsening of trigger finger;
Note: Examples of aromatase inhibitors include, but are not limited to, anastrozole, exemestane and letrozole.
- (11) inability to obtain appropriate clinical management for trigger finger.

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(6) to 8(11) apply only to material contribution to, or aggravation of, trigger finger where the person's trigger finger 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(3) 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:

forceful activities means tasks requiring the generation of force by the hand which:

- (a) are equivalent to lifting or carrying loads of more than three kilograms; or
- (b) involve lifting or carrying an object in the hand greater than one kilogram in excess of ten times per hour.

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

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.

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

repetitive activities means:

- (a) bending or twisting of the hand at least 50 times an hour; or
- (b) carrying out the same or similar movements in the hand at least 50 times an hour.

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.

trigger finger—see subsection 6(2).

VEA means the *Veterans' Entitlements Act 1986*.