



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

**Statement of Principles**  
**concerning**  
**DE QUERVAIN TENDINOPATHY**  
**(Balance of Probabilities)**  
**(No. 42 of 2019)**

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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 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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## **1 Name**

This is the Statement of Principles concerning *de Quervain tendinopathy (Balance of Probabilities)* (No. 42 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 de Quervain tendinopathy and death from de Quervain tendinopathy.

### *Meaning of de Quervain tendinopathy*

- (2) For the purposes of this Statement of Principles, de Quervain tendinopathy means entrapment of one or both tendons in the first extensor compartment of the radial side of the wrist, producing localised pain and tenderness that is exacerbated by movement of the thumb or wrist.
- (3) While de Quervain tendinopathy attracts ICD-10-AM code M65.4, in applying this Statement of Principles the meaning of de Quervain tendinopathy 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 de Quervain tendinopathy*

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

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 de Quervain tendinopathy and death from de Quervain tendinopathy 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, de Quervain tendinopathy or death from de Quervain tendinopathy is connected with the circumstances of a person's relevant service:

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

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

- (2) having acute trauma involving the affected wrist or tendon, within the one year before the clinical onset of de Quervain tendinopathy;

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

- (3) being treated with or using growth hormone within the one year before the clinical onset of de Quervain tendinopathy;

- (4) being treated with a fluoroquinolone antibiotic within the six months before the clinical onset of de Quervain tendinopathy;

Note: Examples of fluoroquinolone antibiotics include, but are not limited to, ciprofloxacin, moxifloxacin, norfloxacin and ofloxacin.

- (5) being treated with an aromatase inhibitor within the one year before the clinical onset of de Quervain tendinopathy;

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 or wrist, for a cumulative period of at least 500 hours within the six months before the clinical worsening of de Quervain tendinopathy;

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

- (7) having acute trauma involving the affected wrist or tendon, within the one year before the clinical worsening of de Quervain tendinopathy;

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

- (8) being treated with or using growth hormone within the one year before the clinical worsening of de Quervain tendinopathy;

- (9) being treated with a fluoroquinolone antibiotic within the six months before the clinical worsening of de Quervain tendinopathy;

Note: Examples of fluoroquinolone antibiotics include, but are not limited to, ciprofloxacin, moxifloxacin, norfloxacin and ofloxacin.

- (10) being treated with an aromatase inhibitor within the one year before the clinical worsening of de Quervain tendinopathy;

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

- (11) inability to obtain appropriate clinical management for de Quervain tendinopathy.

## **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, de Quervain tendinopathy where the person's de Quervain tendinopathy 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:

*de Quervain tendinopathy*—see subsection 6(2).

*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 or wrist at least 50 times an hour; or
- (b) carrying out the same or similar movements in the hand or wrist 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.

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