



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
JOINT INSTABILITY
(Balance of Probabilities)
(No. 58 of 2019)

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

Dated 26 April 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', written in a cursive style.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *joint instability (Balance of Probabilities)* (No. 58 of 2019).

2 Commencement

This instrument commences on 27 May 2019.

3 Authority

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

4 Repeal

The Statement of Principles concerning joint instability No. 33 of 2010 (Federal Register of Legislation No. F2010L01049) made under subsection 196B(3) of the VEA is repealed.

5 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.

6 Definitions

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

7 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about joint instability and death from joint instability.

Meaning of joint instability

- (2) For the purposes of this Statement of Principles, joint instability:
- (a) means an acquired lack of stability of a joint due to damage to or abnormality of the stabilising structures of that joint, manifesting as recurrent subluxation, recurrent dislocation or recurrent sprain; and
 - (b) includes joints with an internal joint prosthesis; and
 - (c) excludes spondylolisthesis, and the loosening or migration of the fixation component of an internal joint prosthesis.
- (3) While joint instability attracts ICD-10-AM code M22.0, M22.1, M23.5, M24.2, M24.4, M25.3, M43.3, M43.4, M43.5, M53.2 or T84.0, in

applying this Statement of Principles the meaning of joint instability 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 joint instability

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

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

8 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 joint instability and death from joint instability 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.

9 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, joint instability or death from joint instability is connected with the circumstances of a person's relevant service:

- (1) having physical trauma to the affected joint at the time of the clinical onset of joint instability;

Note: Examples of activities and circumstances involving trauma to the affected joint include, but are not limited to, falls, collisions, lifting weights, push ups, pull ups, throwing objects, seizure and electrical injury.

- (2) having a dislocation or subluxation of the affected joint before the clinical onset of joint instability;
- (3) having a sprain of the affected joint before the clinical onset of joint instability;
- (4) having damage to a soft tissue structure as specified before the clinical onset of joint instability;

Note: *soft tissue structure as specified* is defined in the Schedule 1 – Dictionary.

- (5) having a fracture or bony abnormality involving the articulating surfaces of the affected joint before the clinical onset of joint instability;

Note: Examples of conditions which can cause a bony abnormality include, but are not limited to, osteonecrosis, dysbaric osteonecrosis and femoroacetabular impingement.

- (6) having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical onset of joint instability;

Note: *disease process as specified* is defined in the Schedule 1 - Dictionary.

- (7) for temporomandibular joint instability only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical onset of joint instability;

Note 1: Examples of activities which may involve wide mouth opening include, but are not limited to, yawning, laughing, vomiting, coughing, and chewing large pieces of food.

Note 2: Examples of medical procedures that involve wide mouth opening include, but are not limited to, dental procedures, direct laryngoscopy, and intravenous administration of medications which cause drug-induced yawning.

- (8) for total hip prosthesis joint instability only, having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical onset of joint instability;

- (9) for total hip joint prosthesis joint instability only, being obese at the time of the clinical onset of joint instability;

Note: *being obese* is defined in the Schedule 1 - Dictionary.

- (10) for tibiofemoral joint instability only, having morbid obesity at the time of the clinical onset of joint instability;

- (11) having physical trauma to the affected joint at the time of the clinical worsening of joint instability;

Note: Examples of activities and circumstances involving trauma to the affected joint include, but are not limited to, falls, collisions, lifting weights, push ups, pull ups, throwing objects, seizure and electrical injury.

- (12) having damage to a soft tissue structure as specified before the clinical worsening of joint instability;

Note: *soft tissue structure as specified* is defined in the Schedule 1 – Dictionary.

- (13) having a fracture or bony abnormality involving the articulating surfaces of the affected joint before the clinical worsening of joint instability;

Note: Examples of conditions which can cause a bony abnormality include, but are not limited to, osteonecrosis, dysbaric osteonecrosis and femoroacetabular impingement.

- (14) having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical worsening of joint instability;

Note: *disease process as specified* is defined in the Schedule 1 - Dictionary.

- (15) for temporomandibular joint instability only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical worsening of joint instability;

Note 1: Examples of activities which may involve wide mouth opening include, but are not limited to, yawning, laughing, vomiting, coughing, and chewing large pieces of food.

Note 2: Examples of medical procedures that involve wide mouth opening include, but are not limited to, dental procedures, direct laryngoscopy, and intravenous administration of medications which cause drug-induced yawning.

- (16) for total hip prosthesis joint instability only, having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical worsening of joint instability;

- (17) for total hip joint prosthesis joint instability only, being obese at the time of the clinical worsening of joint instability;

Note: *being obese* is defined in the Schedule 1 - Dictionary.

- (18) for tibiofemoral joint instability only, having morbid obesity at the time of the clinical worsening of joint instability;

- (19) inability to obtain appropriate clinical management for joint instability.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 9(11) to 9(19) apply only to material contribution to, or aggravation of, joint instability where the person's joint instability was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 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 9 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 6

1 Definitions

In this instrument:

being obese means having a Body Mass Index (BMI) of 30 or greater.

Note: ***BMI*** is also defined in the Schedule 1 - Dictionary.

BMI means W/H^2 where:

W is the person's weight in kilograms; and

H is the person's height in metres.

disease process as specified means:

- (a) a neurological, neuromuscular or muscular condition, including, but not limited to, brain or spinal injuries with spasticity or flaccid paralysis, cerebrovascular accident, Parkinson's disease, myasthenia gravis, poliomyelitis, dyskinesia caused by neuroleptic drugs, and peripheral neuropathy; or
- (b) an infective, inflammatory or degenerative condition of the affected joint, including, but not limited to, septic arthritis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthropathy, crystal arthropathy, Grisel syndrome and osteoarthritis; or
- (c) an intra-articular space occupying lesion, including, but not limited to, neoplastic lesions such as sarcoma, osteosarcoma, chondrosarcoma and pigmented villonodular synovitis.

Note: Grisel syndrome is atlantoaxial joint subluxation due to contiguous inflammation from the ear, nose or throat.

joint instability—see subsection 7(2).

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.

soft tissue structure as specified means a joint capsule, tendon, ligament or fibrocartilaginous structure that contributes to joint stability in the affected joint.

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*.