

Statement of Principles concerning POSTERIOR TIBIALIS TENDINOPATHY (Reasonable Hypothesis)

(No. 45 of 2021)

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

Dated 26 March 2021

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

Professor Nicholas Saunders AO Chairperson

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1 Name

This is the Statement of Principles concerning *posterior tibialis tendinopathy* (*Reasonable Hypothesis*) (No. 45 of 2021).

2 Commencement

This instrument commences on 27 April 2021.

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 posterior tibialis tendinopathy and death from posterior tibialis tendinopathy.

Meaning of posterior tibialis tendinopathy

(2) For the purposes of this Statement of Principles, posterior tibialis tendinopathy means inflammation or degeneration of the posterior tibialis tendon that produces localised pain or tenderness or rupture of the posterior tibialis tendon.

Death from posterior tibialis tendinopathy

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

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 posterior tibialis tendinopathy and death from posterior tibialis tendinopathy 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 posterior tibialis tendinopathy or death from posterior tibialis tendinopathy with the circumstances of a person's relevant service:

- (1) running or jogging an average of at least 30 kilometres per week, for at least the four weeks before the clinical onset of posterior tibialis tendinopathy;
- (2) undertaking weight bearing exercise involving repeated activity of the ankle joint of the affected leg:
 - (a) at a minimum intensity of five METs; and
 - (b) for at least four hours per week; and

for at least the four weeks before the clinical onset of posterior tibialis tendinopathy;

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

- (3) increasing the frequency, duration or intensity of weight bearing activity involving the ankle joint of the affected leg:
 - (a) by at least 100 percent; and
 - (b) to a minimum intensity of five METs; and
 - (c) for at least two hours per day; and

within the seven days before the clinical onset of posterior tibialis tendinopathy;

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

- (4) having trauma or surgery involving the affected posterior tibialis tendon within the 30 days before the clinical onset of posterior tibialis tendinopathy;
- (5) having an infection of the affected posterior tibialis tendon at the time of the clinical onset of posterior tibialis tendinopathy;
- (6) having gout involving the affected posterior tibialis tendon at the time of the clinical onset of posterior tibialis tendinopathy;

(7) having an autoimmune disease from the specified list of autoimmune diseases at the time of the clinical onset of posterior tibialis tendinopathy;

Note: specified list of autoimmune diseases is defined in the Schedule 1 - Dictionary.

- (8) running or jogging an average of at least 30 kilometres per week, for at least the four weeks before the clinical worsening of posterior tibialis tendinopathy;
- (9) undertaking weight bearing exercise involving repeated activity of the ankle joint of the affected leg:
 - (a) at a minimum intensity of five METs; and
 - (b) for at least four hours per week; and

for at least the four weeks before the clinical worsening of posterior tibialis tendinopathy;

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

- (10) increasing the frequency, duration or intensity of weight bearing activity involving the ankle joint of the affected leg:
 - (a) by at least 100 percent; and
 - (b) to a minimum intensity of five METs; and
 - (c) for at least two hours per day; and

within the seven days before the clinical worsening of posterior tibialis tendinopathy;

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

- (11) having trauma or surgery involving the affected posterior tibialis tendon within the 30 days before the clinical worsening of posterior tibialis tendinopathy;
- (12) having an infection of the affected posterior tibialis tendon at the time of the clinical worsening of posterior tibialis tendinopathy;
- (13) having gout involving the affected posterior tibialis tendon at the time of the clinical worsening of posterior tibialis tendinopathy;
- (14) having an autoimmune disease from the specified list of autoimmune diseases at the time of the clinical worsening of posterior tibialis tendinopathy;

Note: specified list of autoimmune diseases is defined in the Schedule 1 - Dictionary.

(15) inability to obtain appropriate clinical management for posterior tibialis 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(8) to 8(15) apply only to material contribution to, or aggravation of, posterior tibialis tendinopathy where the person's posterior tibialis 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(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, or 1.0 kcal/kg of body weight per hour, or resting metabolic rate.

MRCA means the Military Rehabilitation and Compensation Act 2004.

posterior tibialis tendinopathy—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.

specified list of autoimmune diseases means:

- (a) ankylosing spondylitis;
- (b) coeliac disease;
- (c) inflammatory bowel disease;
- (d) psoriatic arthritis;
- (e) reactive arthritis;
- (f) rheumatoid arthritis; or
- (g) undifferentiated spondyloarthritis.

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.