



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
CHRONIC EXERTIONAL COMPARTMENT
SYNDROME OF THE LOWER LEG
(Reasonable Hypothesis)
(No. 98 of 2023)

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

Dated 25 October 2023.

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

Professor Terence Campbell AM
Chairperson

Contents

1	Name	3
2	Commencement	3
3	Authority	3
4	Repeal	3
5	Application.....	3
6	Definitions	3
7	Kind of injury, disease or death to which this Statement of Principles relates	3
8	Basis for determining the factors	4
9	Factors that must exist.....	4
10	Relationship to service.....	5
11	Factors referring to an injury or disease covered by another Statement of Principles	5
Schedule 1 - Dictionary		6
1	Definitions	6

1 Name

This is the Statement of Principles concerning *chronic exertional compartment syndrome of the lower leg (Reasonable Hypothesis)* (No. 98 of 2023).

2 Commencement

This instrument commences on 28 November 2023.

3 Authority

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

4 Repeal

The Statement of Principles concerning shin splints No.9 of 2015 (Federal Register of Legislation No. F2014L01805) made under subsection 196B(2) of the VEA is repealed.

5 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.

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 chronic exertional compartment syndrome of the lower leg and death from chronic exertional compartment syndrome of the lower leg.

Meaning of chronic exertional compartment syndrome of the lower leg

- (2) For the purposes of this Statement of Principles, chronic exertional compartment syndrome of the lower leg:
- (a) means raised muscle compartment pressure manifesting with exercise-induced pain and tightness originating in the calf or shin which typically resolves or reduces with rest; and
 - (a) excludes:
 - (i) fracture, including stress fracture;
 - (ii) lower leg tendinopathies or bursitis;

- (iii) nerve entrapments (sural or superfoneal);
- (iv) popliteal artery entrapment syndrome;
- (v) acute sprain and acute strain; and
- (vi) vascular insufficiency.

Death from chronic exertional compartment syndrome of the lower leg

- (3) For the purposes of this Statement of Principles, chronic exertional compartment syndrome of the lower leg, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's chronic exertional compartment syndrome of the lower leg.

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

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that chronic exertional compartment syndrome of the lower leg and death from chronic exertional compartment syndrome of the lower leg 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.

9 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 chronic exertional compartment syndrome of the lower leg or death from chronic exertional compartment syndrome of the lower leg with the circumstances of a person's relevant service:

- (1) running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg;
- (2) undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for:
 - (a) a minimum intensity of 5 METS; and
 - (b) for at least 4 hours per week; and

for at least the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg;

Note 1: Examples of weight bearing exercise involving repeated activity of the lower leg at a minimum intensity of 5 METS include marching, sustained brisk walking, playing football, and dancing.

Note 2: *MET* is defined in the Schedule 1 - Dictionary.

- (3) increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side:
 - (a) by at least 100 percent; and
 - (b) to a minimum intensity of 5 METs; and
 - (c) for at least 2 hours per day;

within the one week before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg;

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

- (4) inability to obtain appropriate clinical management for chronic exertional compartment syndrome of the lower leg before the clinical worsening of chronic exertional compartment syndrome of the lower leg.

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 clinical worsening aspects of factors set out in section 9 apply only to material contribution to, or aggravation of, chronic exertional compartment syndrome of the lower leg where the person's chronic exertional compartment syndrome of the lower leg 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(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 6

1 Definitions

In this instrument:

chronic exertional compartment syndrome of the lower leg—see subsection 7(2).

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*.

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 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*.