



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
HALLUX VALGUS
(Balance of Probabilities)
(No. 26 of 2024)

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

Dated 22 February 2024.

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

Professor Terence Campbell AM
Chairperson

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1 Name

This is the Statement of Principles concerning *hallux valgus (Balance of Probabilities)* (No. 26 of 2024).

2 Commencement

This instrument commences on **26 March 2024**.

3 Authority

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

4 Repeal

The Statement of Principles concerning hallux valgus (Balance of Probabilities) (No. 99 of 2015) (Federal Register of Legislation No. F2015L01335) made under subsection 196B(3) of the VEA is repealed.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 hallux valgus and death from hallux valgus.

Meaning of hallux valgus

- (2) For the purposes of this Statement of Principles:

hallux valgus means a symptomatic deformity of the foot, where the great toe is deviated laterally at the first metatarsophalangeal joint, and often causing a bony prominence or bunion to develop over the medial aspect of the first metatarsal head and neck.

Death from hallux valgus

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

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 hallux valgus and death from hallux valgus 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, hallux valgus or death from hallux valgus is connected with the circumstances of a person's relevant service:

- (1) wearing footwear that causes substantial lateral deviation of the great toe of the affected foot, for at least 7 hours per day, on more days than not for a period of at least 3 years before the clinical onset or clinical worsening of hallux valgus;
- (2) having rheumatoid arthritis involving the first metatarsophalangeal joint of the affected foot before the clinical onset or clinical worsening of hallux valgus;
- (3) having gout or calcium pyrophosphate deposition disease (also known as pseudogout) involving the first metatarsophalangeal joint of the affected foot before the clinical onset or clinical worsening of hallux valgus;
- (4) having acquired loss of one or more of the phalanges of the second toe or the second metatarsal head of the affected foot, before the clinical onset or clinical worsening of hallux valgus;
- (5) having a tumour involving the first metatarsophalangeal joint or second metatarsal bone of the affected foot at the time of the clinical onset or clinical worsening of hallux valgus;
- (6) having trauma to the affected forefoot that results in:
 - (a) disruption of the first metatarsophalangeal joint capsule;
 - (b) disruption of the sesamoid complex of the hallux;
 - (c) fracture of the medial side of the first proximal phalanx base;
 - (d) fracture resulting in shortening of the second metatarsal;
 - (e) tarso-metatarsal joint complex injury; or
 - (f) tear of the medial collateral ligament of the first metatarsophalangeal joint;

within the 3 years before the clinical onset or clinical worsening of hallux valgus;

Note: *trauma to the affected forefoot* is defined in the Schedule 1 - Dictionary.

- (7) inability to obtain appropriate clinical management for hallux valgus before the clinical worsening of hallux valgus.

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, hallux valgus where the person's hallux valgus 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:

hallux valgus—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 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.

trauma to the affected forefoot means a discrete event involving the application of significant physical force to or through the affected forefoot, that causes:

- (a) damage to the forefoot; and
- (b) the development, within 24 hours of the event occurring, of symptoms and signs of pain, tenderness and either altered mobility or range of movement of the forefoot. In the case of sustained unconsciousness or the masking of pain by analgesic medication, these symptoms and signs must appear on return to consciousness or the withdrawal of the analgesic medication; and
- (c) the persistence of these symptoms and signs for a period of at least 7 days following their onset, save for where medical intervention for the trauma to that forefoot has occurred and that medical intervention involves one of the following:
 - (i) immobilisation of the forefoot in a boot or similar external agent;
 - (ii) injection of a corticosteroid or local anaesthetic into that forefoot; or
 - (iii) surgery to that forefoot.

VEA means the *Veterans' Entitlements Act 1986*.