

REVOKED

Determination

of

Statement of Principles concerning

ADHESIVE CAPSULITIS OF THE SHOULDER

ICD CODE: 726.0

Veterans' Entitlements Act 1986

1. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act).

Kind of injury, disease or death

2. (a) This Statement of Principles is about **adhesive capsulitis of the shoulder** and **death from adhesive capsulitis of the shoulder**.

(b) For the purposes of this Statement of Principles, “**adhesive capsulitis of the shoulder**” means inflammation of the joint capsule resulting in adhesions between the joint capsule and the peripheral articular cartilage of the shoulder with obliteration of the subdeltoid bursa and contracture of the joint capsule, attracting ICD code 726.0.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **adhesive capsulitis of the shoulder** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

Factors that must be related to service

4. Subject to clause 6, the factors set out in at least one of the paragraphs in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **adhesive capsulitis of the shoulder** or **death from adhesive capsulitis of the shoulder** with the circumstances of a person's relevant service are:
 - (a) suffering trauma to the shoulder on the affected side within the 6 months immediately before the clinical onset of adhesive capsulitis of the shoulder; or
 - (b) suffering quadriplegia, hemiplegia involving the affected side, or monoplegia involving the affected shoulder, within the twelve months immediately before the clinical onset of adhesive capsulitis of the shoulder; or
 - (c) suffering from diabetes mellitus at the time of the clinical onset of adhesive capsulitis of the shoulder; or
 - (d) suffering trauma to the shoulder on the affected side within the 6 months immediately before the clinical worsening of adhesive capsulitis of the shoulder; or
 - (e) suffering quadriplegia, hemiplegia involving the affected side, or monoplegia involving the affected shoulder, within the twelve months immediately before the clinical worsening of adhesive capsulitis of the shoulder; or
 - (f) suffering from diabetes mellitus at the time of the clinical worsening of adhesive capsulitis of the shoulder; or
 - (g) inability to obtain appropriate clinical management for adhesive capsulitis of the shoulder.

Factors that apply only to material contribution or aggravation

6. Paragraphs **5(d) to 5(g)** apply only to material contribution to, or aggravation of, adhesive capsulitis of the shoulder where the person's adhesive capsulitis of the shoulder was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

Other definitions

7. For the purposes of this Statement of Principles:

“diabetes mellitus” means an endocrine disease characterised by:

- (a) a fasting venous plasma glucose concentration equal to or greater than 7.8 millimoles per litre on at least two separate occasions; or
- (b) a venous plasma glucose concentration equal to or greater than 11.1 millimoles per litre both within two hours and at two hours after ingestion of 75 grams of glucose.

attracting ICD code 250; and

“hemiplegia” means paralysis of one side of the body, which may result from trauma to the spinal cord or from medical conditions such as, cerebrovascular accident, subarachnoid haemorrhage, benign or malignant neoplasm of the meninges or it may be an outcome of neurosurgery;

“ICD code” means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1995, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 22235 5;

“monoplegia” means paralysis of one of the limbs of the body, which may result from trauma to the spinal cord or from medical conditions such as, cerebrovascular accident, subarachnoid haemorrhage, benign or malignant neoplasm of the meninges or it may be an outcome of neurosurgery;

“quadriplegia” means paralysis of all four limbs of the body, which may result from trauma to the spinal cord or from medical conditions such as, cerebrovascular accident, subarachnoid haemorrhage, benign or malignant neoplasm of the meninges or it may be an outcome of neurosurgery;

“relevant service” means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service.

“trauma to the shoulder” means an injury caused by the force of an extraneous physical or mechanical agent that causes the development, within 24 hours of the injury being sustained, of acute symptoms and signs

of pain, tenderness, and altered mobility or range of movement of the joint, attracting ICD code 812.0, 812.1, 880 or 959.2. The acute symptoms and signs must have lasted for a period of at least three days immediately after they arose, unless medical intervention has occurred. Where medical intervention for the injury has occurred (eg splinting, supporting in a sling, anti-inflammatory medication, surgery), and there is evidence relating to the extent of injury and treatment, such evidence may be considered.

Dated this **Twenty-first** day of **May**
1996

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of)

KEN DONALD
CHAIRMAN