

Revocation

of

Statements of Principles
concerning

ACQUIRED PES PLANUS

and

CONGENITAL PES PLANUS

and

Determination

of

Statement of Principles
concerning

PES PLANUS

ICD-10-AM CODES: M21.4, Q66.5

Veterans' Entitlements Act 1986

1. The Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act):
 - (a) revokes Instrument No.302 of 1995 concerning acquired pes planus and Instrument No.304 of 1995 concerning congenital pes planus; and
 - (b) determines in their place the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about **pes planus** and **death from pes planus**.
- (b) For the purposes of this Statement of Principles, “**pes planus**” means
 - (i) “**acquired pes planus**” also known as acquired flatfoot means a condition of the foot characterised by flatness of the longitudinal arch of the foot on weight bearing, which is due to acquired causes, attracting ICD code M21.4; and
 - (ii) “**congenital pes planus**” also known as congenital flatfoot means a condition of the foot characterised by flatness of the longitudinal arch of the foot on weight bearing, which is due to congenital or developmental abnormalities and may be evident from birth but usually becomes manifest in the first or second decade of life, attracting ICD code Q66.5.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **pes planus and death from pes planus** 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, at least one of the factors set out 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 **pes planus** or **death from pes planus** with the circumstances of a person’s relevant service are:
 - (a) for acquired pes planus only,
 - (i) suffering from a fracture, subluxation, or dislocation of one or more of the tarsal or tarso-metatarsal joints of the affected foot before the clinical onset of pes planus; or
 - (ii) suffering from a discrete ligamentous, muscular or tendon injury resulting in instability of one or more of the tarsal or tarso-metatarsal joints of the affected foot before the clinical onset of pes planus; or

- (iii) suffering from weakness or paralysis of supinators or small muscles of the sole of the affected foot at the time of the clinical onset of pes planus; or
 - (iv) suffering from tightening of pronators of the affected foot at the time of the clinical onset of pes planus; or
 - (v) suffering from arthritis or other destructive lesions of one or more of the tarsal or tarso-metatarsal joints of the affected foot at the time of the clinical onset of pes planus; or
 - (vi) suffering from rupture or division of the plantar fascia of the affected foot before the clinical onset of pes planus; or
 - (vii) suffering from a space occupying lesion limiting the ability of the affected foot to supinate at the time of the clinical onset of pes planus; or
 - (viii) being obese at the time of the clinical onset of pes planus; or
- (b) suffering from a fracture, subluxation, or dislocation of one or more of the tarsal or tarso-metatarsal joints of the affected foot before the clinical worsening of pes planus; or
 - (c) suffering from a ligamentous, muscular or tendon injury resulting in instability of one or more of the tarsal or tarso-metatarsal joints of the affected foot before the clinical worsening of pes planus; or
 - (d) suffering from weakness or paralysis of supinators or small muscles of the sole of the affected foot at the time of the clinical worsening of pes planus; or
 - (e) suffering from tightening of pronators of the affected foot at the time of the clinical worsening of pes planus; or
 - (f) suffering from arthritis or other destructive lesions of one or more of the tarsal or tarso-metatarsal joints of the affected foot at the time of the clinical worsening of pes planus; or
 - (g) suffering from rupture or division of the plantar fascia of the affected foot before the clinical worsening of pes planus; or

- (h) suffering from a space occupying lesion limiting the ability of the affected foot to supinate at the time of the clinical worsening of pes planus; or
- (j) being obese at the time of the clinical worsening of pes planus; or
- (k) inability to obtain appropriate clinical management for pes planus.

Factors that apply only to material contribution or aggravation

6. Paragraphs 5(b) to 5(k) apply only to material contribution to, or aggravation of, pes planus where the person's pes planus 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.

Inclusion of Statements of Principles

7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

Other definitions

8. For the purposes of this Statement of Principles:

“being obese” means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 30 or greater.

The $BMI = W/H^2$ and where:

W is the person's weight in kilograms and

H is the person's height in metres;

“death from pes planus” in relation to a person includes death from a terminal event or condition that was contributed to by the person's pes planus;

“ICD-10-AM code” means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), Second Edition, effective date of 1 July 2000, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 271 3;

“relevant service” means:

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

“terminal event” means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function;

“tightening of pronators” means spasticity of the pronator muscles or shortening of the pronator muscles or tendons from:

- (a) nerve lesion;
- (b) muscle lesion; or
- (c) skeletal deformity;

“weakness or paralysis of supinators or small muscles of the sole of the foot” means weakness or paralysis of supinators of the foot or the small muscles of the sole of the foot from:

- (a) central or peripheral nervous system lesion;
- (b) myopathy;
- (c) tendonitis; or
- (d) complete or partial rupture of the muscle or tendon.

Application

9. This Instrument applies to all matters to which section 120A of the Act applied.

Dated this **Fourteenth** day of

August 2001

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

KEN DONALD
CHAIRMAN