

Statement of Principles
concerning

SHIN SPLINTS

No. 49 of 2006

for the purposes of the

Veterans' Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning shin splints No. 49 of 2006.

Determination

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

Kind of injury, disease or death

3. (a) This Statement of Principles is about **shin splints** and **death from shin splints**.
(b) For the purposes of this Statement of Principles, "**shin splints**" means medial tibial stress syndrome and chronic exertional compartment syndrome of the lower leg. Medial tibial stress syndrome is characterised by exercise-induced pain along the posteromedial aspect of the distal two-thirds of the tibia. Chronic exertional compartment syndrome of the lower leg is characterised by exercise-induced pain and tightness originating in the calf or shin due to raised intracompartmental pressure. The pain of both conditions typically resolves or reduces with rest but may recur with exercise. This definition excludes fracture, stress

fracture, bursitis, infections, tumours, vascular insufficiency, entrapment of nerves or arteries, acute strains and acute sprains.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **shin splints** and **death from shin splints** 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 *Military Rehabilitation and Compensation Act 2004* (the MRCA).

Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **shin splints** or **death from shin splints** with the circumstances of a person's relevant service is:
 - (a) having a sudden increase in the frequency, duration, or intensity of weight bearing exercise involving the affected lower limb, at the time of the clinical onset of shin splints; or
 - (b) undertaking weight bearing exercise involving the affected lower limb at a rate greater than six METs for at least one hour per day on more days than not over a period of at least the three months, before the clinical onset of shin splints; or
 - (c) for medial tibial stress syndrome only, having an injury that has resulted in excess pronation of the foot of the affected limb before the clinical onset of shin splints; or
 - (d) inability to obtain appropriate clinical management for shin splints.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(d) applies only to material contribution to, or aggravation of, shin splints where the person's shin splints were suffered or contracted before or during (but not arising out of) the person's relevant service.

Inclusion of Statements of Principles

8. 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 as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

“death from shin splints” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s shin splints;

“excess pronation of the foot” means a positional deformity of the foot such that there is excessive dorsiflexion, eversion and abduction (inward roll) of the foot when the foot is in a fixed position or in dynamic motion;

“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;

“relevant service” means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

“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.

Date of effect

10. This Instrument takes effect from 30 August 2006.

Dated this *seventeenth* day of *August* 2006

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

KEN DONALD
CHAIRPERSON