

Statement of Principles
concerning

CHONDROMALACIA PATELLA

No. 79 of 2010

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 chondromalacia patella No. 79 of 2010.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 33 of 2001 concerning chondromalacia patellae; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **chondromalacia patella** and **death from chondromalacia patella**.
 - (b) For the purposes of this Statement of Principles, "**chondromalacia patella**" means softening, fibrillation or erosion of the articular cartilage of the patella associated with recurrent or chronic patellofemoral pain. This definition excludes osteoarthritis of the patellofemoral joint.
 - (c) Chondromalacia patella attracts ICD-10-AM code M22.4.
 - (d) In the application of this Statement of Principles, the definition of "**chondromalacia patella**" is that given at paragraph 3(b) above.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **chondromalacia patella** and **death from chondromalacia patella** 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 **chondromalacia patella** or **death from chondromalacia patella** with the circumstances of a person's relevant service is:
 - (a) having direct trauma to the patella of the affected knee within the six months before the clinical onset of chondromalacia patella; or
 - (b) having patellar dislocation within the six months before the clinical onset of chondromalacia patella; or
 - (c) having an injury to the affected knee resulting in acute meniscal tear of the knee or permanent ligamentous instability, within the six months before the clinical onset of chondromalacia patella; or
 - (d) having acquired abnormal tracking of the patella of the affected knee for at least the three months before the clinical onset of chondromalacia patella; or
 - (e) running or jogging on average at least ten kilometres per week for at least the one month before the clinical onset of chondromalacia patella; or
 - (f) undertaking weight bearing exercise involving forceful loading of the patellofemoral joint with the knee in a flexed position, at a rate greater than six METs, for at least four hours per week, for at least the one month before the clinical onset of chondromalacia patella; or
 - (g) increasing the frequency, duration, or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a

minimum intensity of five METs, for at least two hours per day, for at least the seven days before the clinical onset of chondromalacia patella; or

- (h) having direct trauma to the patella of the affected knee within the six months before the clinical worsening of chondromalacia patella; or
- (i) having patellar dislocation within the six months before the clinical worsening of chondromalacia patella; or
- (j) having an injury to the affected knee resulting in acute meniscal tear of the knee or permanent ligamentous instability, within the six months before the clinical worsening of chondromalacia patella; or
- (k) having acquired abnormal tracking of the patella of the affected knee for at least the three months before the clinical worsening of chondromalacia patella; or
- (l) running or jogging on average at least ten kilometres per week for at least the one month before the clinical worsening of chondromalacia patella; or
- (m) undertaking weight bearing exercise involving forceful loading of the patellofemoral joint with the knee in a flexed position, at a rate greater than six METs, for at least four hours per week, for at least the one month before the clinical worsening of chondromalacia patella; or
- (n) increasing the frequency, duration, or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs, for at least two hours per day, for at least the seven days before the clinical worsening of chondromalacia patella; or
- (o) inability to obtain appropriate clinical management for chondromalacia patella.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(h) to 6(o)** apply only to material contribution to, or aggravation of, chondromalacia patella where the person's chondromalacia patella was 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:

"abnormal tracking of the patella" means aberrant movement or positioning of the patella relative to the femoral condyles in the course of knee flexion or extension;

"death from chondromalacia patella" in relation to a person includes death from a terminal event or condition that was contributed to by the person's chondromalacia patella;

"direct trauma to the patella" means a blow to the kneecap causing immediate patellar pain that persists for at least 24 hours;

"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), Seventh Edition, effective date of 1 July 2010, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 154 5;

"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.

Application

10. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 1 September 2010.

Dated this *eighteenth* day of *August* 2010

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

KEN DONALD
CHAIRPERSON