



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

PATELLAR TENDINOPATHY

No. 114 of 2011

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 patellar tendinopathy No. 114 of 2011.

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 **patellar tendinopathy** and **death from patellar tendinopathy**.
 - (b) For the purposes of this Statement of Principles, "**patellar tendinopathy**" means an acquired condition involving inflammation or degeneration of the patellar tendon, which is characterised by pain and tenderness in the patellar tendon that usually worsens with physical activity.
 - (c) Patellar tendinopathy attracts ICD-10-AM code M76.5.
 - (d) In the application of this Statement of Principles, the definition of "**patellar tendinopathy**" 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 **patellar tendinopathy** and **death from patellar tendinopathy** 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 **patellar tendinopathy** or **death from patellar tendinopathy** with the circumstances of a person's relevant service is:
 - (a) running or jogging an average of at least ten kilometres per week for the one month before the clinical onset of patellar tendinopathy; or
 - (b) undertaking weight bearing exercise involving jumping or repeated flexion and extension of the affected knee, at a rate greater than six METs, for at least four hours per week for the one month before the clinical onset of patellar tendinopathy; or
 - (c) 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, within the seven days before the clinical onset of patellar tendinopathy; or
 - (d) having direct trauma to the patellar tendon of the affected knee at the time of the clinical onset of patellar tendinopathy; or
 - (e) running or jogging an average of at least ten kilometres per week for the one month before the clinical worsening of patellar tendinopathy; or
 - (f) undertaking weight bearing exercise involving jumping or repeated flexion and extension of the affected knee, at a rate greater than six METs, for at least four hours per week for the one month before the clinical worsening of patellar tendinopathy; 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, within the seven days before the clinical worsening of patellar tendinopathy; or

- (h) having direct trauma to the patellar tendon of the affected knee at the time of the clinical worsening of patellar tendinopathy; or
- (i) inability to obtain appropriate clinical management for patellar tendinopathy.

Factors that apply only to material contribution or aggravation

- 7. Paragraphs **6(e) to 6(i)** apply only to material contribution to, or aggravation of, patellar tendinopathy where the person's patellar tendinopathy 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:

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

"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.

Date of effect

10. This Instrument takes effect from 31 August 2011.

Dated this *nineteenth* day of *August* 2011

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

KEN DONALD
CHAIRPERSON