

Statement of Principles

concerning

DISLOCATION OF A JOINT AND SUBLUXATION OF A JOINT
(Balance of Probabilities)

(No. 56 of 2019)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 26 April 2019

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| The Common Seal of theRepatriation Medical Authoritywas affixed to this instrumentat the direction of: |
| Professor Nicholas Saunders AOChairperson |

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1. Name

This is the Statement of Principles concerning *dislocation of a joint and subluxation of a joint* *(Balance of Probabilities)* (No. 56 of 2019).

1. Commencement

 This instrument commences on 27 May 2019.

1. Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

1. Repeal

The Statement of Principles concerning dislocation No. 25 of 2010 (Federal Register of Legislation No. F2010L01041) made under subsection 196B(3) of the VEA is repealed.

1. Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

1. Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

1. Kind of injury, disease or death to which this Statement of Principles relates
	1. This Statement of Principles is about dislocation of a joint and subluxation of a joint and death from dislocation of a joint and subluxation of a joint.

Meaning of **dislocation of a joint and subluxation of a joint**

* 1. For the purposes of this Statement of Principles:
		1. dislocation of a joint means an episode of displacement of a joint such that there is complete loss of contact between the articulating surfaces of the bones or internal joint prosthesis; and
		2. subluxation of a joint means an episode of displacement of a joint such that there is partial loss of contact between the articulating surfaces of the bones or internal joint prosthesis; and
		3. dislocation of a joint and subluxation of a joint includes:
			1. joint dissociation; and
			2. dislocation or subluxation at a synchondrosis, syndesmosis or an internal joint prosthesis; and
		4. dislocation of a joint and subluxation of a joint excludes spondylolisthesis, congenital dislocation or subluxation, recurrent dislocation or subluxation due to joint instability, and loosening or migration of an internal joint prosthesis.

Death from **dislocation of a joint or subluxation of a joint**

* 1. For the purposes of this Statement of Principles, dislocation of a joint or subluxation of a joint,in relation to a person, includes death from a terminal event or condition that was contributed to by the person's dislocation of a joint or subluxation of a joint.

Note: ***terminal event*** is defined in the Schedule 1 – Dictionary.

1. Basis for determining the factors

On the sound medical‑scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that dislocation of a joint or subluxation of a joint and death from dislocation of a joint or subluxation of a joint can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: ***MRCA***, ***relevant service*** and ***VEA*** are defined in the Schedule 1 – Dictionary.

1. Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, dislocation of a joint or subluxation of a joint or death from dislocation of a joint or subluxation of a joint is connected with the circumstances of a person's relevant service:

* 1. having physical trauma to the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint;

Note: Examples of activities and circumstances involving trauma to the affected joint include, but are not limited to, falls, collisions, lifting weights, push ups, pull ups, throwing objects, seizure and electrical injury.

* 1. having damage to a soft tissue structure as specified at the time of the clinical onset of dislocation of a joint or subluxation of a joint;

Note: ***soft tissue structure as specified*** is defined in the Schedule 1 - Dictionary.

* 1. having a fracture, avulsion or bony abnormality involving the articulating surfaces of the affected joint, at the time of the clinical onset of dislocation of a joint or subluxation of a joint;

Note: Examples of conditions which can cause a bony abnormality include, but are not limited to, osteonecrosis, dysbaric osteonecrosis and femoroacetabular impingement.

* 1. having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint;

Note: ***disease process as specified*** is defined in the Schedule 1 – Dictionary.

* 1. for dislocation of a temporomandibular joint or subluxation of a temporomandibular joint only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical onset of dislocation of a joint or subluxation of a joint;

Note 1: Examples of activities which may involve wide mouth opening include, but are not limited to, yawning, laughing, vomiting, coughing, and chewing large pieces of food.

Note 2: Examples of medical procedures that involve wide mouth opening include, but are not limited to, dental procedures, direct laryngoscopy, and intravenous administration of medications which cause drug-induced yawning.

* 1. for dislocation of a tibiofemoral joint or subluxation of a tibiofemoral joint only, having morbid obesity at the time of the clinical onset of dislocation of a joint or subluxation of a joint;
	2. for dislocation of a total hip joint prosthesis only:
		1. being obese at the time of the clinical onset of dislocation of a joint; or

Note: ***being obese*** is defined in the Schedule 1 - Dictionary.

* + 1. having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical onset of dislocation of a joint;
	1. inability to obtain appropriate clinical management for dislocation of a joint or subluxation of a joint.
1. Relationship to service
	1. The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
	2. The factor set out in subsection 9(8) applies only to material contribution to, or aggravation of, dislocation of a joint or subluxation of a joint where the person's dislocation of a joint or subluxation of a joint was suffered or contracted before or during (but did not arise out of) the person's relevant service.
2. Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

* 1. if a factor referred to in section 9 applies in relation to a person; and
	2. that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1. Definitions
	1. In this instrument:
		1. ***being obese*** means having a Body Mass Index (BMI) of 30 or greater.

Note: ***BMI*** is also defined in the Schedule 1 - Dictionary.

* + 1. ***BMI*** means W/H2 where:

W is the person's weight in kilograms; and

H is the person's height in metres.

* + 1. ***disease process as specified*** means:
			1. a neurological, neuromuscular or muscular condition, including, but not limited to, brain or spinal injuries with spasticity or flaccid paralysis, cerebrovascular accident, Parkinson's disease, myasthenia gravis, poliomyelitis, dyskinesia caused by neuroleptic drugs, and peripheral neuropathy; or
			2. an infective, inflammatory or degenerative condition of the affected joint, including, but limited to, septic arthritis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthropathy, crystal arthropathy, Grisel syndrome and osteoarthritis; or
			3. an intra-articular space occupying lesion, including, but not limited to, neoplastic lesions such as sarcoma, osteosarcoma, chondrosarcoma and pigmented villonodular synovitis.

Note: Grisel syndrome is atlantoaxial joint subluxation due to contiguous inflammation from the ear, nose or throat.

* + 1. ***dislocation of a joint and subluxation of a joint***—see subsection 7(2).
		2. ***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.
		3. ***relevant service*** means:
			1. eligible war service (other than operational service) under the VEA;
			2. defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
			3. peacetime service under the MRCA.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

* + 1. ***soft tissue structure as specified*** means a joint capsule, tendon, ligament or fibrocartilaginous structure that contributes to joint stability in the affected joint.
		2. ***terminal event*** means the proximate or ultimate cause of death and includes the following:
			1. pneumonia;
			2. respiratory failure;
			3. cardiac arrest;
			4. circulatory failure; or
			5. cessation of brain function.
		3. ***VEA*** means the *Veterans' Entitlements Act 1986*.