



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**PATELLAR TENDINOPATHY**  
**(Reasonable Hypothesis)**  
**(No. 21 of 2020)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 24 April 2020

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

A handwritten signature in black ink, appearing to read 'Nicholas Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *patellar tendinopathy (Reasonable Hypothesis)* (No. 21 of 2020).

**2 Commencement**

This instrument commences on 25 May 2020.

**3 Authority**

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

**4 Repeal**

The Statement of Principles concerning patellar tendinopathy No. 114 of 2011 (Federal Register of Legislation No. F2011L01743) made under subsection 196B(2) of the VEA is repealed.

**5 Application**

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

**6 Definitions**

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

**7 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about patellar tendinopathy and death from patellar tendinopathy.

*Meaning of patellar tendinopathy*

- (2) For the purposes of this Statement of Principles, patellar tendinopathy:
- (a) means an acquired clinically symptomatic condition involving inflammation or degeneration of the patellar tendon; and
  - (b) includes:
    - (i) degenerative distal quadriceps tendon tear or rupture;
    - (ii) degenerative patellar tendon tear or rupture;
    - (iii) distal quadriceps tendinitis or tendinopathy; and
    - (iv) patellar tendinitis; and
  - (c) excludes:
    - (i) Osgood-Schlatter disease;

- (ii) patellar tendon enthesopathy;
- (iii) patellar tendon lateral femoral condyle friction syndrome (Hoffa fat pad impingement syndrome); and
- (iv) Sinding-Larsen-Johansson syndrome.

Note: The symptoms of patellar tendinopathy include pain and tenderness localised to the distal quadriceps or patellar tendon at the front of the knee, and a worsening of the symptoms with physical activity.

- (3) While patellar tendinopathy attracts ICD-10-AM code M76.5, in applying this Statement of Principles the meaning of patellar tendinopathy is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*, Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

#### *Death from patellar tendinopathy*

- (5) For the purposes of this Statement of Principles, 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.

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

### **8 Basis for determining the factors**

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 MRCA.

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

### **9 Factors that must exist**

At least one of the following factors 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:

- (1) running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical onset of patellar tendinopathy;
- (2) undertaking weight bearing exercise involving jumping or repeated flexion and extension of the affected knee, at a minimum intensity greater than six METs for at least four hours per week, for at least the four weeks before the clinical onset of patellar tendinopathy;

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

- (3) 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;

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

- (4) having direct trauma to the patellar tendon of the affected knee at the time of the clinical onset of patellar tendinopathy;
- (5) having gout of the patellar tendon or distal quadriceps tendon at the time of the clinical onset of patellar tendinopathy;
- (6) being treated with a glucocorticoid drug as specified before the clinical onset of patellar tendinopathy;

Note: *being treated with a glucocorticoid drug as specified* is defined in the Schedule 1 - Dictionary.

- (7) being treated with a fluoroquinolone antibiotic within the 60 days before the clinical onset of patellar tendinopathy;
- (8) for distal quadriceps tendinopathy or rupture only, being treated with atorvastatin for at least three months within the one year before the clinical onset of patellar tendinopathy;
- (9) for patellar tendon or distal quadriceps tendon rupture only:
  - (a) having diabetes mellitus at the time of the clinical onset of patellar tendinopathy; or
  - (b) having chronic renal failure at the time of the clinical onset of patellar tendinopathy;

Note: *chronic renal failure* is defined in the Schedule 1 - Dictionary.

- (10) running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical worsening of patellar tendinopathy;
- (11) undertaking weight bearing exercise involving jumping or repeated flexion and extension of the affected knee, at a minimum intensity greater than six METs for at least four hours per week, for at least the four weeks before the clinical worsening of patellar tendinopathy;

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

- (12) 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;

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

- (13) having direct trauma to the patellar tendon of the affected knee at the time of the clinical worsening of patellar tendinopathy;

- (14) having gout of the patellar tendon or distal quadriceps tendon at the time of the clinical worsening of patellar tendinopathy;
- (15) being treated with a glucocorticoid drug as specified before the clinical worsening of patellar tendinopathy;  

Note: *being treated with a glucocorticoid drug as specified* is defined in the Schedule 1 - Dictionary.
- (16) being treated with a fluoroquinolone antibiotic within the 60 days before the clinical worsening of patellar tendinopathy;
- (17) for distal quadriceps tendinopathy or rupture only, being treated with atorvastatin for at least three months within the one year before the clinical worsening of patellar tendinopathy;
- (18) inability to obtain appropriate clinical management for patellar tendinopathy.

## **10 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 factors set out in subsections 9(10) to 9(18) 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 did not arise out of) the person's relevant service.

## **11 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(2) 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

In this instrument:

***being treated with a glucocorticoid drug as specified*** means:

- (a) being treated with prednisolone, in the combinations of mode of administration, dose, duration of treatment and proximity to the clinical onset or worsening of patellar tendinopathy, as specified in Table 1 below; or
- (b) being treated as specified in Table 1 with a glucocorticoid drug other than prednisolone in doses having an efficacy equivalent to prednisolone, that being calculated for the drugs listed in accordance with Table 2 below.

**Table 1**

Drug	Mode	Dose	Minimum duration of treatment	Proximity to clinical onset or worsening
Prednisolone	IV, IM, O	≥ 0.5 grams over 6 months	6 months	within the 3 years
		≥ 3 grams	NS	within the 5 years
		≥ 10 grams	NS	NS
	Injection in tendon region	≥ 1 injection	NS	within the 2 weeks

Abbreviations: IV = intravenous; IM = intramuscular; O = oral; NS = not specified.

**Table 2**

Glucocorticoid drug	Dose efficacy equivalence to prednisolone
cortisone	5
hydrocortisone	4
prednisolone	1
prednisone	1
methylprednisolone	0.8
triamcinolone	0.8
paramethasone	0.4
dexamethasone	0.15
betamethasone	0.12

**chronic renal failure** means:

- (a) having a glomerular filtration rate of less than 15 mL/min/1.73 m<sup>2</sup> for a period of at least three months; or
- (b) a need for renal replacement therapy (dialysis or transplantation) for treatment of complications of decreased glomerular filtration rate which would otherwise increase the risk of morbidity and mortality; or
- (c) undergoing chronic dialysis.

**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.

**MRCA** means the *Military Rehabilitation and Compensation Act 2004*.

**patellar tendinopathy**—see subsection 7(2).

**relevant service** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

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

**terminal event** means the proximate or ultimate cause of death and includes the following:

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

**VEA** means the *Veterans' Entitlements Act 1986*.