



Statement of Principles concerning rotator cuff syndrome No. 100 of 2014

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 25 January 2021

Includes amendments up to: Amendment Statement of Principles concerning rotator cuff syndrome No. 29 of 2021 (F2021L00030)

The day of commencement of this Amendment Statement of Principles concerning rotator cuff syndrome is 25 January 2021.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning rotator cuff syndrome No. 100 of 2014* that shows the text of the law as amended and in force on 25 January 2021.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
ROTATOR CUFF SYNDROME
No. 100 of 2014

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 rotator cuff syndrome No. 100 of 2014.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **rotator cuff syndrome** and **death from rotator cuff syndrome**.
 - (b) For the purposes of this Statement of Principles, "**rotator cuff syndrome**" means an inflammatory or degenerative disorder of the musculotendinous cuff of the shoulder joint (comprising supraspinatus, infraspinatus, subscapularis and teres minor) or the long head of biceps and their associated bursae (subacromial or subdeltoid bursae). Rotator

cuff syndrome is characterised by persistent pain and tenderness in the shoulder that usually worsens when the arm is abducted into an overhead position. This definition includes supraspinatus syndrome, subacromial impingement syndrome, rotator cuff impingement syndrome, tendonitis of the long head of biceps and calcifying tendonitis of the shoulder. This definition excludes adhesive capsulitis of the shoulder.

- (c) Rotator cuff syndrome attracts ICD-10-AM code M75.1, M75.2, M75.3, M75.4 or M75.5.
- (d) In the application of this Statement of Principles, the definition of "**rotator cuff syndrome**" 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 **rotator cuff syndrome** and **death from rotator cuff syndrome** 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 **rotator cuff syndrome** or **death from rotator cuff syndrome** with the circumstances of a person's relevant service is:
 - (a) having an injury to the affected shoulder within the three months before the clinical onset of rotator cuff syndrome; or
 - (b) performing any combination of:
 - (i) repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees; or
 - (ii) forceful activities with the affected upper limb;for at least 80 hours within a period of 120 consecutive days before the clinical onset of rotator cuff syndrome, and where the repetitive or sustained or forceful activities have not ceased more than 30 days before the clinical onset of rotator cuff syndrome; or

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- (c) performing repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees for at least 4 000 hours within the 15 years before the clinical onset of rotator cuff syndrome; or
 - (d) lifting or carrying loads of at least 20 kilograms for at least 1 000 hours within the 15 years before the clinical onset of rotator cuff syndrome; or
 - (e) using a hand-held, vibrating, percussive, industrial tool with the affected upper limb, for at least 2 000 hours within the 15 years before the clinical onset of rotator cuff syndrome; or
 - (f) having dialysis-related amyloidosis before the clinical onset of rotator cuff syndrome; or
 - (g) regularly using the upper limbs for weight-bearing for a continuous period of at least the one year before the clinical onset of rotator cuff syndrome; or
- Note: Examples of situations in which the upper limbs may regularly be used for weight-bearing include transfers from a wheelchair to a chair or bed, and the use of crutches or other walking aids.
- (h) having anatomical narrowing of the subacromial space on the affected side at the time of the clinical onset of rotator cuff syndrome; or
 - (i) having excess laxity of the shoulder joint on the affected side for a period of at least the one year before the clinical onset of rotator cuff syndrome; or
 - (j) having an infection of the subacromial bursa on the affected side at the time of the clinical onset of rotator cuff syndrome; or
 - (k) having rheumatoid arthritis involving the shoulder joint or associated bursae on the affected side before the clinical onset of rotator cuff syndrome; or
 - (l) having gout involving the affected shoulder at the time of the clinical onset of rotator cuff syndrome; or
 - (m) having acquired scapular dyskinesis of the affected side at the time of the clinical onset of rotator cuff syndrome; or
 - (n) having an injury to the affected shoulder within the three months before the clinical worsening of rotator cuff syndrome; or
 - (o) performing any combination of:
 - (i) repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees; or
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- (ii) forceful activities with the affected upper limb;
for at least 80 hours within a period of 120 consecutive days before the clinical worsening of rotator cuff syndrome, and where the repetitive or sustained or forceful activities have not ceased more than 30 days before the clinical worsening of rotator cuff syndrome; or
- (p) performing repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees for at least 4 000 hours within the 15 years before the clinical worsening of rotator cuff syndrome; or
- (q) lifting or carrying loads of at least 20 kilograms for at least 1 000 hours within the 15 years before the clinical worsening of rotator cuff syndrome; or
- (r) using a hand-held, vibrating, percussive, industrial tool with the affected upper limb, for at least 2 000 hours within the 15 years before the clinical worsening of rotator cuff syndrome; or
- (s) having dialysis-related amyloidosis before the clinical worsening of rotator cuff syndrome; or
- (t) regularly using the upper limbs for weight-bearing for a continuous period of at least the one year before the clinical worsening of rotator cuff syndrome; or
- Note: Examples of situations in which the upper limbs may regularly be used for weight-bearing include transfers from a wheelchair to a chair or bed, and the use of crutches or other walking aids.
- (u) having anatomical narrowing of the subacromial space on the affected side at the time of the clinical worsening of rotator cuff syndrome; or
- (v) having excess laxity of the shoulder joint on the affected side for a period of at least the one year before the clinical worsening of rotator cuff syndrome; or
- (w) having an infection of the subacromial bursa on the affected side at the time of the clinical worsening of rotator cuff syndrome; or
- (x) having rheumatoid arthritis involving the shoulder joint or associated bursae on the affected side before the clinical worsening of rotator cuff syndrome; or
- (y) having gout involving the affected shoulder at the time of the clinical worsening of rotator cuff syndrome; or
- (z) having acquired scapular dyskinesis of the affected side at the time of the clinical worsening of rotator cuff syndrome; or

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- (aa) inability to obtain appropriate clinical management for rotator cuff syndrome.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(n) to 6(aa)** apply only to material contribution to, or aggravation of, rotator cuff syndrome where the person's rotator cuff syndrome 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:

"acquired scapular dyskinesia" means abnormal position or motion of the scapula, and may be evidenced clinically by winging of the scapula. Scapular dyskinesia occurs with injuries to the long thoracic and spinal accessory nerves and space occupying lesions in the scapulothoracic area;

"an injury to the affected shoulder" means an injury to the shoulder region that causes the development, within the 24 hours of the injury being sustained, of pain, tenderness, and altered mobility or range of movement of the shoulder joint. In the case of sustained unconsciousness or the masking of pain by analgesic medication, these symptoms and signs must appear on return to consciousness or the withdrawal of the analgesic medication. These symptoms and signs must last for a continuous period of at least seven days following their onset, save for where medical intervention for the injury to that shoulder has occurred and that medical intervention involves either:

- (a) immobilisation of the shoulder by splinting, or similar external agent;
- (b) injection of corticosteroids or local anaesthetics into that shoulder; or
- (c) surgery to that shoulder;

"anatomical narrowing of the subacromial space" means an acquired reduction in the space between the acromion and the upper end of the humerus. Causes would include:

- (a) malunited fractures of the acromion, clavicle or greater tuberosity;
- (b) osteophytes or tumours projecting into the subacromial space; or
- (c) sutures, pins or wires from previous surgery;

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

"dialysis-related amyloidosis" means beta₂-microglobulin amyloidosis secondary to long-term haemodialysis or continuous ambulatory peritoneal dialysis;

"excess laxity of the shoulder joint" means acquired excess instability of the glenohumeral joint as demonstrated by clinical testing or imaging, following shoulder dislocations or tears involving the glenoid labrum or glenohumeral ligaments;

"forceful activities" means tasks requiring the generation of force by the hand or arm:

- (a) equivalent to lifting or carrying loads of more than three kilograms; or
- (b) involving lifting or carrying an object greater than one kilogram in excess of ten times per hour;

Note: Use of crutches or other walking aids and hand propulsion of wheelchairs are included among the types of forceful activities that require generation of force by the hand or arm.

"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), Eighth Edition, effective date of 1 July 2013, copyrighted by the Independent Hospital Pricing Authority, and having ISBN 978-1-74128-213-9;

"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;

"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 17 November 2014.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	
exp = expires/expired or ceases/ceased to have effect	reloc = relocated
F = Federal Register of Legislation	renum = renumbered
gaz = gazette	rep = repealed
LA = <i>Legislation Act 2003</i>	rs = repealed and substituted
LIA = <i>Legislative Instruments Act 2003</i>	s = section(s)/subsection(s)
(md) = misdescribed amendment can be given effect	Sch = Schedule(s)
(md not incorp) = misdescribed amendment cannot be given effect	Sdiv = Subdivision(s)
mod = modified/modification	SLI = Select Legislative Instrument
No. = Number(s)	SR = Statutory Rules
	Sub-Ch = Sub-Chapter(s)
	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Statement of Principles concerning rotator cuff syndrome No. 100 of 2014</i>	21 October 2014 F2014L01376	17 November 2014	
<i>Amendment Statement of Principles concerning rotator cuff syndrome No. 29 of 2021</i>	5 January 2021 F2021L00030	25 January 2021	

Endnote 4—Amendment history

Provision affected	How affected
Clause 2.....	(a) rep LA s 48C
Clause 6(g).....	am No. 29 of 2021
Clause 6(t).....	am No. 29 of 2021
Clause 9 – ' "forceful activities".....'	am No. 29 of 2021
Clause 9 – ' "regularly using the upper limbs for transfer".....'	rep No. 29 of 2021