



Statement of Principles concerning temporomandibular disorder (Reasonable Hypothesis) (No. 47 of 2018)

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 25 May 2020

Includes amendments up to: Amendment Statement of Principles concerning temporomandibular disorder (Reasonable Hypothesis) (No. 42 of 2020) (F2020L00506)

The day of commencement of this Amendment Statement of Principles concerning temporomandibular disorder is 25 May 2020.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning temporomandibular disorder (Reasonable Hypothesis) (No. 47 of 2018)* that shows the text of the law as amended and in force on 25 May 2020.

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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.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
TEMPOROMANDIBULAR DISORDER
(Reasonable Hypothesis)
(No. 47 of 2018)

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

Dated 27 April 2018

Statement of Principles concerning
Temporomandibular Disorder (Reasonable Hypothesis) (No. 47 of 2018)
Veterans' Entitlements Act 1986

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1 Name

This is the Statement of Principles concerning *temporomandibular disorder (Reasonable Hypothesis)* (No. 47 of 2018).

2 Commencement

This instrument commences on 28 May 2018.

3 Authority

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

4 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.

5 Definitions

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

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

- (1) This Statement of Principles is about temporomandibular disorder and death from temporomandibular disorder.

Meaning of temporomandibular disorder

- (2) For the purposes of this Statement of Principles, temporomandibular disorder:
- (a) means a heterogeneous group of conditions affecting the anatomical and functional characteristics of the temporomandibular joint, masticatory muscles and associated structures of the masticatory system, with:
 - (i) clinically significant pain localised in the temple, front of ear or jaw, that is modified with jaw movement, and which is experienced on more days than not within a continuous six month period; and
 - (ii) clinically significant distress or substantial impairment of social, occupational, educational or other important areas of functioning due to pain, limitation, deviation or other abnormality of jaw motion; and

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- (iii) clinical signs or imaging evidence of myalgia, arthralgia, or another pathological process affecting the temporomandibular joint, muscles of mastication and/or associated structures; and

(b) excludes:

- (i) orofacial pain of dental origin;
- (ii) headache or pain better accounted for by another pain or headache disorder; and
- (iii) congenital or developmental orofacial disorders.

Note 1: Symptoms of temporomandibular disorder include orofacial pain, muscle or joint tenderness, pain referred to the angle of the mandible and muscles of the neck, deviated mouth opening, limitation of range of mandibular movements, headache produced or exacerbated by jaw movements, abnormal joint sounds and otolaryngological symptoms.

Signs of temporomandibular disorder include modification of pain by passive movements through the range of motion of the jaw or provocative manoeuvres applied to temporomandibular structures.

Note 2: *masticatory muscles and associated structures of the masticatory system* is defined in the Schedule 1 – Dictionary.

- (3) While temporomandibular disorder attracts ICD-10-AM code M26.60, in applying this Statement of Principles the meaning of temporomandibular disorder 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 temporomandibular disorder

- (5) For the purposes of this Statement of Principles, temporomandibular disorder, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's temporomandibular disorder.

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

7 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that temporomandibular disorder and death from temporomandibular disorder 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.

8 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 temporomandibular disorder or death from temporomandibular disorder with the circumstances of a person's relevant service:

- (1) having a specified joint disease involving the affected temporomandibular joint, at the time of the clinical onset of temporomandibular disorder;

Note: *specified joint disease* is defined in the Schedule 1 - Dictionary.

- (2) having a specified maxillofacial disease involving the affected masticatory muscles and associated structures of the masticatory system, at the time of the clinical onset of temporomandibular disorder;

Note: *masticatory muscles and associated structures of the masticatory system* and *specified maxillofacial disease* are defined in the Schedule 1 - Dictionary.

- (3) having an infection as specified of the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, at the time of the clinical onset of temporomandibular disorder;

Note: *infection as specified* and *masticatory muscles and associated structures of the masticatory system* are defined in the Schedule 1 - Dictionary.

- (4) having orofacial dyskinesia or oromandibular dystonia at the time of the clinical onset of temporomandibular disorder;

- (5) having acute trauma to the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, within the 30 days before the clinical onset of temporomandibular disorder;

Note: *acute trauma* and *masticatory muscles and associated structures of the masticatory system* are defined in the Schedule 1 - Dictionary.

- (6) having a sudden cervical flexion-extension (whiplash) injury requiring hospitalisation, within the 30 days before the clinical onset of temporomandibular disorder;

- (7) having bruxism at the time of the clinical onset of temporomandibular disorder;

- (8) having fibromyalgia at the time of the clinical onset of temporomandibular disorder;

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- (9) having a clinically significant disorder of mental health as specified, within the one year before the clinical onset of temporomandibular disorder;

Note: *clinically significant disorder of mental health as specified* is defined in the Schedule 1 - Dictionary.

- (10) smoking at least two pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of temporomandibular disorder, and:

- (a) smoking commenced at least one year before the clinical onset of temporomandibular disorder; and
(b) where smoking has ceased, the clinical onset of temporomandibular disorder has occurred within three months of cessation;

Note: *pack-years of cigarettes, or the equivalent thereof in other tobacco products* is defined in the Schedule 1 - Dictionary.

- (11) undertaking scuba diving:

- (a) for a cumulative period of at least 200 hours within a continuous period of six months before the clinical onset of temporomandibular disorder; and
(b) where this activity has ceased, the clinical onset of temporomandibular disorder has occurred within 30 days of cessation;

- (12) undertaking an activity involving supporting or holding a tool, device or instrument in a position involving prolonged flexion of the head and shoulder:

- (a) for a cumulative period of at least 500 hours within a continuous period of six months before the clinical onset of temporomandibular disorder; and
(b) where this activity has ceased, the clinical onset of temporomandibular disorder has occurred within 30 days of cessation;

Note: Examples of activities involving prolonged flexion of the head and shoulder include playing a wind instrument, or playing of a viola or violin.

- (13) having a specified joint disease involving the affected temporomandibular joint, at the time of the clinical worsening of temporomandibular disorder;

Note: *specified joint disease* is defined in the Schedule 1 - Dictionary.

- (14) having a specified maxillofacial disease involving the affected masticatory muscles and associated structures of the masticatory
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system, at the time of the clinical worsening of temporomandibular disorder;

Note: *masticatory muscles and associated structures of the masticatory system* and *specified maxillofacial disease* are defined in the Schedule 1 - Dictionary.

- (15) having an infection as specified of the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, at the time of the clinical worsening of temporomandibular disorder;

Note: *infection as specified* and *masticatory muscles and associated structures of the masticatory system* are defined in the Schedule 1 - Dictionary.

- (16) having orofacial dyskinesia or oromandibular dystonia at the time of the clinical worsening of temporomandibular disorder;

- (17) having acute trauma to the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, within the 30 days before the clinical worsening of temporomandibular disorder;

Note: *acute trauma* and *masticatory muscles and associated structures of the masticatory system* are defined in the Schedule 1 - Dictionary.

- (18) having a sudden cervical flexion-extension (whiplash) injury requiring hospitalisation, within the 30 days before the clinical worsening of temporomandibular disorder;

- (19) having bruxism at the time of the clinical worsening of temporomandibular disorder;

- (20) having fibromyalgia at the time of the clinical worsening of temporomandibular disorder;

- (21) having a clinically significant disorder of mental health as specified, within the one year before the clinical worsening of temporomandibular disorder;

Note: *clinically significant disorder of mental health as specified* is defined in the Schedule 1 - Dictionary.

- (22) smoking at least two pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of temporomandibular disorder, and:

- (a) smoking commenced at least one year before the clinical worsening of temporomandibular disorder; and

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- (b) where smoking has ceased, the clinical worsening of temporomandibular disorder has occurred within three months of cessation;

Note: *pack-years of cigarettes, or the equivalent thereof in other tobacco products* is defined in the Schedule 1 - Dictionary.

(23) undertaking scuba diving:

- (a) for a cumulative period of at least 200 hours within a continuous period of six months before the clinical worsening of temporomandibular disorder; and
- (b) where this activity has ceased, the clinical worsening of temporomandibular disorder has occurred within 30 days of cessation;

(24) undertaking an activity involving supporting or holding a tool, device or instrument in a position involving prolonged flexion of the head and shoulder:

- (a) for a cumulative period of at least 500 hours within a continuous period of six months before the clinical worsening of temporomandibular disorder; and
- (b) where this activity has ceased, the clinical worsening of temporomandibular disorder has occurred within 30 days of cessation;

Note: Examples of activities involving prolonged flexion of the head and shoulder include playing a wind instrument, or playing of a viola or violin.

(25) inability to obtain appropriate clinical management for temporomandibular disorder.

9 Relationship to service

- (1) The existence in a person of any factor referred to in section 8, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 8(13) to 8(25) apply only to material contribution to, or aggravation of, temporomandibular disorder where the person's temporomandibular disorder was suffered or contracted before or during (but did not arise out of) the person's relevant service.

10 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 8 applies in relation to a person; and

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- (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 5

1 Definitions

In this instrument:

acute trauma means a discrete event involving the application of significant physical force to or through the affected structures, that causes:

- (a) damage to the joint, masticatory muscles and associated structures of the masticatory system; and
- (b) the development, within 24 hours of the event occurring, of symptoms and signs of pain, tenderness or altered range of movement of the joint and associated structures. 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; or
- (c) distortion of the temporomandibular joint; or
- (d) fracture of the temporal bone or mandible.

Note 1: Acute trauma includes craniotomy, osteotomy and reconstructive surgery involving the temporal bone or mandible, but excludes regular dental and orthodontic treatment.

Note 2: **masticatory muscles and associated structures of the masticatory system** is also defined in the Schedule 1 – Dictionary.

clinically significant disorder of mental health as specified means one of the following conditions, which is of sufficient severity to warrant ongoing management:

- (a) acute stress disorder;
- (b) anxiety disorder;
- (c) depressive disorder;
- (d) posttraumatic stress disorder; or
- (e) somatic symptom disorder.

Note 1: "Management" of the condition may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner.

Note 2: To "warrant ongoing management" does not require that any actual management was received or given for the condition.

contracture means the shortening of a muscle due to fibrosis of tendons, ligaments or muscle fibres. Common causes include radiation therapy, trauma and infection.

infection as specified means a bacterial, fungal, viral or parasitic infection resulting in inflammation and tissue destruction within the affected tissues.

masticatory muscles and associated structures of the masticatory system means any bony, muscular or tendinous structure of the masticatory system, including the temporalis, medial pterygoid, lateral pterygoid, digastric, mylohyoid, geniohyoid and masseter muscles or tendons, and the temporal bone and mandible.

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

pack-years of cigarettes, or the equivalent thereof in other tobacco products means a calculation of consumption where one pack-year of cigarettes equals twenty tailor-made cigarettes per day for a period of one calendar year, or 7 300 cigarettes. One tailor-made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack-year of tailor-made cigarettes equates to 7.3 kilograms of smoking tobacco by weight. Tobacco products mean cigarettes, pipe tobacco or cigars, smoked alone or in any combination.

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.

specified joint disease means one of the following:

- (a) adhesions or adherence;
- (b) ankylosing spondylitis;
- (c) ankylosis (fibrous or osseous);
- (d) condylolysis or condylar resorption;
- (e) disc displacement;
- (f) dislocation;
- (g) gout;
- (h) joint instability;
- (i) neoplasm;
- (j) osteoarthritis;
- (k) osteochondritis dissecans;
- (l) osteonecrosis (avascular necrosis);
- (m) psoriatic arthritis;
- (n) rheumatoid arthritis;
- (o) Sjögren syndrome;
- (p) space-occupying lesion within the temporomandibular joint space;
- (q) synovial chondromatosis;
- (r) systemic lupus erythematosus;

- (s) systemic sclerosis (scleroderma); or
- (t) other degenerative or inflammatory disease of the joint.

specified maxillofacial disease means one of the following:

- (a) benign or malignant neoplasm;
- (b) contracture;
- (c) coronoid hyperplasia;
- (d) myositis;
- (e) osteonecrosis;
- (f) space-occupying lesion within the bones of the jaw;
- (g) systemic sclerosis (scleroderma);
- (h) tendonitis; or
- (i) another disease process causing distortion of the temporal bone, mandible or the temporomandibular joint.

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

temporomandibular disorder—see subsection 6(2).

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*.

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 temporomandibular disorder (Reasonable Hypothesis) (No. 47 of 2018)</i>	30 April 2018 F2018L00539	28 May 2018	
<i>Amendment Statement of Principles concerning temporomandibular disorder (Reasonable Hypothesis) (No. 42 of 2020)</i>	28 April 2020 F2020L00506	25 May 2020	

Endnote 4—Amendment history

Provision affected	How affected
Schedule 1 – Dictionary – acute trauma.....	rs. No. 42 of 2020