



Australian Government
Repatriation Medical Authority

**Statement of Principles
concerning
TROCHANTERIC BURSITIS
(Reasonable Hypothesis)
(No. 92 of 2023)**

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

Dated 25 October 2023.

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

Professor Terence Campbell AM
Chairperson

Contents

1	Name	3
2	Commencement	3
3	Authority	3
4	Repeal	3
5	Application.....	3
6	Definitions.....	3
7	Kind of injury, disease or death to which this Statement of Principles relates	3
8	Basis for determining the factors	4
9	Factors that must exist.....	4
10	Relationship to service	5
11	Factors referring to an injury or disease covered by another Statement of Principles.....	5
Schedule 1 - Dictionary		6
1	Definitions.....	6

1 Name

This is the Statement of Principles concerning *trochanteric bursitis* (*Reasonable Hypothesis*) (No. 92 of 2023).

2 Commencement

This instrument commences on 28 November 2023.

3 Authority

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

4 Repeal

The Statement of Principles concerning trochanteric bursitis and gluteal tendinopathy No. 45 of 2015 (Federal Register of Legislation No. F2015L00010) made under subsections 196B(2) and (8) of the VEA is repealed.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 trochanteric bursitis and death from trochanteric bursitis.

Meaning of trochanteric bursitis

- (2) For the purposes of this Statement of Principles, trochanteric bursitis means a symptomatic disease involving inflammation of the bursae around the greater trochanter of the hip.

Note: Clinical manifestations of trochanteric bursitis typically include pain and tenderness in the region of the lateral hip or buttock that usually worsens with physical activity.

- (3) While trochanteric bursitis attracts ICD-10-AM code M70.6, in applying this Statement of Principles the meaning of trochanteric bursitis 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 trochanteric bursitis

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

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 trochanteric bursitis and death from trochanteric bursitis 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 trochanteric bursitis or death from trochanteric bursitis with the circumstances of a person's relevant service:

- (1) running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis;
- (2) undertaking weight bearing exercise involving repeated activity of the hip on the affected side for:
- (a) a minimum intensity of 5 METS; and
- (b) for at least 4 hours per week; and

for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis;

Note 1: Examples of weight bearing exercise involving repeated activity of the hip at a minimum intensity of 5 METS include marching, sustained brisk walking, climbing stairs, playing football, and dancing.

Note 2: **MET** is defined in the Schedule 1 - Dictionary.

- (3) increasing the frequency, duration or intensity of activity involving the hip on the affected side:
- (a) by at least 100 percent; and
- (b) to a minimum intensity of 5 METs; and
- (c) for at least 2 hours per day;

within the one week before the clinical onset or clinical worsening of trochanteric bursitis;

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

- (4) having direct trauma to the affected bursa within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis;

Note: *direct trauma to the affected bursa* is defined in the Schedule 1 - Dictionary.

- (5) having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis;

- (6) having an infection of the affected bursa at the time of the clinical onset or clinical worsening of trochanteric bursitis;

- (7) having a systemic inflammatory disease before the clinical onset or clinical worsening of trochanteric bursitis;

Note: *systemic inflammatory disease* is defined in the Schedule 1 - Dictionary.

- (8) having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis;

- (9) being obese at the time of the clinical onset or clinical worsening of trochanteric bursitis;

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

- (10) inability to obtain appropriate clinical management for trochanteric bursitis before the clinical worsening of trochanteric bursitis.

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 clinical worsening aspects of factors set out in section 9 apply only to material contribution to, or aggravation of, trochanteric bursitis where the person's trochanteric bursitis 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 obese means having a Body Mass Index (BMI) of 30 or greater.

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

BMI means W/H^2 where:

W is the person's weight in kilograms; and

H is the person's height in metres.

direct trauma to the affected bursa means a discrete event involving the application of significant physical force to the affected bursa, that causes:

- (a) the development of symptoms and signs of pain and tenderness, and either altered mobility or range of movement of the hip. 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; and
- (b) the persistence of these symptoms and signs for a period of at least 7 days following their onset, save for where medical intervention for the trauma to the affected bursa has occurred and that medical intervention involves one of the following:
 - (i) immobilisation of the hip by splinting or similar external agent;
 - (ii) injection of a corticosteroid or local anaesthetic into the hip; or
 - (iii) surgery to the hip.

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*.

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 defined in the Schedule 1 - Dictionary.

systemic inflammatory disease means:

- (a) rheumatoid arthritis;
- (b) polymyalgia rheumatica;
- (c) ankylosing spondylitis;

- (d) enteropathic spondyloarthropathy (arthritis associated with inflammatory bowel disease);
- (e) psoriatic arthropathy;
- (f) reactive arthritis; or
- (g) undifferentiated spondyloarthropathy;

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.

trochanteric bursitis—see subsection 7(2).

VEA means the *Veterans' Entitlements Act 1986*.