



Australian Government  
Repatriation Medical Authority

## Statement of Principles concerning

# TROCHANTERIC BURSITIS AND GLUTEAL TENDINOPATHY

## No. 46 of 2015

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 trochanteric bursitis and gluteal tendinopathy No. 46 of 2015.

### Determination

2. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the VEA).

### Kind of injury, disease or death

3. (a) This Statement of Principles is about **trochanteric bursitis and gluteal tendinopathy** and **death from trochanteric bursitis and gluteal tendinopathy**.

- (b) For the purposes of this Statement of Principles:

**"trochanteric bursitis"** means a condition involving inflammation or swelling of the bursae around the greater trochanter. This condition is characterised by pain and tenderness in the region of the lateral hip or buttock that usually worsens with physical activity; and

**"gluteal tendinopathy"** means a condition involving inflammation, degeneration or tears of the gluteus medius or gluteus minimus tendons

or muscles at or near their insertion into the greater trochanter of the hip. This condition is characterised by pain and tenderness in the region of the lateral hip or buttock that usually worsens with physical activity.

- (c) Trochanteric bursitis and gluteal tendinopathy attracts ICD-10-AM code M70.6.
- (d) In the application of this Statement of Principles, the definition of "**trochanteric bursitis and gluteal tendinopathy**" is that given at paragraph 3(b) above.

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

- 4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **trochanteric bursitis or gluteal tendinopathy** and **death from trochanteric bursitis or gluteal tendinopathy** can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, **trochanteric bursitis or gluteal tendinopathy** or **death from trochanteric bursitis or gluteal tendinopathy** is connected with the circumstances of a person's relevant service is:
  - (a) running or jogging an average of at least 60 kilometres per week for the one month before the clinical onset of trochanteric bursitis or gluteal tendinopathy; or
  - (b) undertaking weight bearing exercise involving repeated activity of the hip on the affected side, at a minimum intensity of five METs, for at least six hours per week for the one month before the clinical onset of trochanteric bursitis or gluteal tendinopathy; or
  - (c) increasing the frequency, duration or intensity of weight bearing activity involving the hip on the affected side by at least 100 percent, to a minimum intensity of five METs for at least four hours per day, within the seven days before the clinical onset of trochanteric bursitis or gluteal tendinopathy; or
  - (d) having direct trauma to the affected tendon or bursa within the one month before the clinical onset of trochanteric bursitis or gluteal tendinopathy; or
  - (e) having surgery to the hip of the affected side within the one month before the clinical onset of trochanteric bursitis or gluteal tendinopathy; or

- (f) for trochanteric bursitis only, having an infection of the affected bursa at the time of the clinical onset of trochanteric bursitis; or
- (g) having rheumatoid arthritis before the clinical onset of trochanteric bursitis or gluteal tendinopathy; or
- (h) running or jogging an average of at least 60 kilometres per week for the one month before the clinical worsening of trochanteric bursitis or gluteal tendinopathy; or
- (i) undertaking weight bearing exercise involving repeated activity of the hip on the affected side, at a minimum intensity of five METs, for at least six hours per week for the one month before the clinical worsening of trochanteric bursitis or gluteal tendinopathy; or
- (j) increasing the frequency, duration or intensity of weight bearing activity involving the hip on the affected side by at least 100 percent, to a minimum intensity of five METs for at least four hours per day, within the seven days before the clinical worsening of trochanteric bursitis or gluteal tendinopathy; or
- (k) having direct trauma to the affected tendon or bursa within the one month before the clinical worsening of trochanteric bursitis or gluteal tendinopathy; or
- (l) having surgery to the hip of the affected side within the one month before the clinical worsening of trochanteric bursitis or gluteal tendinopathy; or
- (m) for trochanteric bursitis only, having an infection of the affected bursa at the time of the clinical worsening of trochanteric bursitis; or
- (n) having rheumatoid arthritis before the clinical worsening of trochanteric bursitis or gluteal tendinopathy; or
- (o) inability to obtain appropriate clinical management for trochanteric bursitis or gluteal tendinopathy.

#### **Factors that apply only to material contribution or aggravation**

7. Paragraphs **6(h) to 6(o)** apply only to material contribution to, or aggravation of, trochanteric bursitis or gluteal tendinopathy where the person's trochanteric bursitis or gluteal tendinopathy 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:

**"death from trochanteric bursitis or gluteal tendinopathy"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's trochanteric bursitis or gluteal tendinopathy;

**"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;

**"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, 1.0 kcal/kg of body weight per hour or resting metabolic rate;

**"relevant service"** means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime 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;

**"trauma to the affected tendon or bursa"** means an injury to the affected tendon or bursa that causes the development, within the 24 hours of the injury being sustained, of pain and tenderness in the lateral hip or buttock, and 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. 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 hip has occurred and that medical intervention involves either:

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

**Date of effect**

**10.** This Instrument takes effect from 27 January 2015.

Dated this *nineteenth* day of *December* 2014

The Common Seal of the  
Repatriation Medical Authority  
was affixed at the direction of: )



PROFESSOR NICHOLAS SAUNDERS AO  
CHAIRPERSON