Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

ROTATOR CUFF SYNDROME

No. 101 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. 101 of 2014.

Determination

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):

(a) revokes Instrument No. 40 of 2006 concerning rotator cuff syndrome; and

(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. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **rotator cuff syndrome** and **death from rotator cuff syndrome** 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, **rotator cuff syndrome** or **death from rotator cuff syndrome** is connected with the circumstances of a person's relevant service is:

(a) having an injury to the affected shoulder within the 30 days 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 160 hours within a period of 210 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

(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 8 000 hours within the 20 years before the clinical onset of rotator cuff syndrome; or

(d) having dialysis-related amyloidosis before the clinical onset of rotator cuff syndrome; or

(e) regularly using the upper limbs for transfer for a continuous period of at least the one year before the clinical onset of rotator cuff syndrome; or

(f) having anatomical narrowing of the subacromial space on the affected side at the time of the clinical onset of rotator cuff syndrome; or

(g) 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

(h) having an infection of the subacromial bursa on the affected side at the time of the clinical onset of rotator cuff syndrome; or

(i) having rheumatoid arthritis involving the shoulder joint or associated bursae on the affected side before the clinical onset of rotator cuff syndrome; or

(j) having gout involving the affected shoulder at the time of the clinical onset of rotator cuff syndrome; or

(k) having an injury to the affected shoulder within the 30 days before the clinical worsening of rotator cuff syndrome; or

(l) 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 160 hours within a period of 210 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

(m) 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 8 000 hours within the 20 years before the clinical worsening of rotator cuff syndrome; or

(n) having dialysis-related amyloidosis before the clinical worsening of rotator cuff syndrome; or

(o) regularly using the upper limbs for transfer for a continuous period of at least the one year before the clinical worsening of rotator cuff syndrome; or

(p) having anatomical narrowing of the subacromial space on the affected side at the time of the clinical worsening of rotator cuff syndrome; or

(q) 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

(r) having an infection of the subacromial bursa on the affected side at the time of the clinical worsening of rotator cuff syndrome; or

(s) having rheumatoid arthritis involving the shoulder joint or associated bursae on the affected side before the clinical worsening of rotator cuff syndrome; or

(t) having gout involving the affected shoulder at the time of the clinical worsening of rotator cuff syndrome; or

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

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(k) to 6(u)** 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:

"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 $beta_2$-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:

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

"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;

"regularly using the upper limbs for transfer" means the use by a person of their upper limbs to transfer themselves (for example, from chair to bed), due to their inability to use their lower limbs for mobilisation (for example, paraplegia). It does not mean the temporary use of a wheelchair, such as when recovering from a fracture or a sprain involving a lower limb;

"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.

Application

10. This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 17 November 2014.

Dated this *seventeenth* day of *October* 2014

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

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON