



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
COMPLEX REGIONAL PAIN SYNDROME
(Reasonable Hypothesis)
(No. 97 of 2016)

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

Dated 28 October 2016

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

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *complex regional pain syndrome (Reasonable Hypothesis)* (No. 97 of 2016).

2 Commencement

This instrument commences on 28 November 2016.

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 complex regional pain syndrome and death from complex regional pain syndrome.

Meaning of complex regional pain syndrome

- (2) For the purposes of this Statement of Principles, complex regional pain syndrome means a disorder of a body region or regions which meets the following criteria:
- (a) continuing pain, which is disproportionate to any inciting event; and
 - (b) at least one symptom in two of the four following categories:
 - (i) sensory: hyperalgesia or allodynia;
 - (ii) vasomotor: temperature asymmetry or skin colour changes or skin colour asymmetry;
 - (iii) sudomotor/oedema: oedema or sweating changes or sweating asymmetry; or
 - (iv) motor/trophic: decreased range of motion or motor dysfunction (weakness, tremor, dystonia) or trophic changes (hair, nails, skin); and

- (c) at least one sign at the time of evaluation in two or more of the following categories:
 - (i) sensory: evidence of hyperalgesia (to pinprick) or allodynia (to light touch and/or deep somatic pressure or joint movement);
 - (ii) vasomotor: evidence of temperature asymmetry or skin colour changes or asymmetry;
 - (iii) sudomotor/oedema: evidence of oedema or sweating changes or sweating asymmetry; or
 - (iv) motor/trophic: evidence of decreased range of motion or motor dysfunction (weakness, tremor, dystonia) or trophic changes (hair, nails, skin).

Death from complex regional pain syndrome

- (3) For the purposes of this Statement of Principles, complex regional pain syndrome, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's complex regional pain syndrome.

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 complex regional pain syndrome and death from complex regional pain 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 MRCA.

Note: *relevant service* is 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 complex regional pain syndrome or death from complex regional pain syndrome with the circumstances of a person's relevant service:

- (1) having an injury or a disease involving a major peripheral nerve in the six months before the clinical onset of complex regional pain syndrome, where the pain originates in the region of the affected peripheral nerve;
- (2) having an injury or a disease from the specified list of injuries or diseases in the six months before the clinical onset of complex regional pain syndrome, where the pain originates in the region of the body affected by the injury or disease;

Note: *specified list of injuries or diseases* is defined in the Schedule 1 - Dictionary.

- (3) having surgery in the six months before the clinical onset of complex regional pain syndrome, where the pain originates in the region of the surgical procedure;
- (4) being treated with phenobarbital at the time of the clinical onset of complex regional pain syndrome;
- (5) inability to obtain appropriate clinical management for complex regional pain syndrome.

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 factor set out in subsection 8(5) applies only to material contribution to, or aggravation of, complex regional pain syndrome where the person's complex regional pain syndrome 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
- (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:

complex regional pain syndrome—see subsection 6(2).

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 also defined in the Schedule 1 - Dictionary.

specified list of injuries or diseases means:

- (a) acute myocardial infarction;
- (b) crush injury;
- (c) cut, stab, abrasion or laceration;
- (d) electrical injury;
- (e) external bruise;
- (f) fracture;
- (g) hemiplegia of the limb due to cerebrovascular accident;
- (h) herpes zoster;
- (i) intramuscular injection;
- (j) intravenous injection or cannulation;
- (k) joint dislocation;
- (l) leprosy;
- (m) physical injury due to munitions discharge;
- (n) snakebite;
- (o) spinal cord injury;
- (p) sprain or strain;
- (q) venepuncture; or
- (r) any other injury or disease which causes acute tissue damage.

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*.