Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
FEMOROACETABULAR IMPINGEMENT SYNDROME
(Reasonable Hypothesis)
(No. 42 of 2017)

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

Dated 30 June 2017

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

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *femoroacetabular impingement syndrome (Reasonable Hypothesis)* (No. 42 of 2017).

2 Commencement

This instrument commences on 31 July 2017.

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 femoroacetabular impingement syndrome and death from femoroacetabular impingement syndrome.

Meaning of ***femoroacetabular impingement syndrome***

(2) For the purposes of this Statement of Principles, femoroacetabular impingement syndrome means a disorder of the hip due to abnormal contact between the proximal femur and the acetabulum, in the presence of:

(a) relevant symptoms and corresponding clinical signs; and
(b) imaging findings that are consistent with cam morphology or pincer morphology.

Note 1: The primary symptom of femoroacetabular impingement is motion-related or position-related pain in the hip or groin. Pain may also be felt in the back, buttock or thigh. In addition to pain, patients may also describe clicking, catching, locking, stiffness, restricted range of motion or giving way of the hip.

Note 2: Clinical signs include hip impingement tests that reproduce the patient's typical pain, a limited range of hip motion, gait abnormalities, and weakness or tenderness of muscles around the hip.

Note 3: This disorder may be associated with a labral tear involving the affected hip.

Note 4: ***cam morphology*** and ***pincer morphology*** are defined in the Schedule 1 – Dictionary.

*Death from **femoroacetabular impingement syndrome***

(3) For the purposes of this Statement of Principles, femoroacetabular impingement syndrome, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's femoroacetabular impingement 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 femoroacetabular impingement syndrome and death from femoroacetabular impingement 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 femoroacetabular impingement syndrome or death from femoroacetabular impingement syndrome with the circumstances of a person's relevant service:

(1) running or jogging an average of at least 30 kilometres per week for the one month before the clinical onset of femoroacetabular impingement syndrome;

(2) undertaking weight bearing exercise involving repeated activity of the hip on the affected side, at a minimum intensity of five METs, for at least four hours per week for the one month before the clinical onset of femoroacetabular impingement syndrome;

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

(3) 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 two hours per day, within the seven days before the clinical onset of femoroacetabular impingement syndrome;

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

(4) running or jogging an average of at least 30 kilometres per week for the one month before the clinical worsening of femoroacetabular impingement syndrome;

(5) undertaking weight bearing exercise involving repeated activity of the hip on the affected side, at a minimum intensity of five METs, for at least four hours per week for the one month before the clinical worsening of femoroacetabular impingement syndrome;

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

(6) 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 two hours per day, within the seven days before the clinical worsening of femoroacetabular impingement syndrome;

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

(7) inability to obtain appropriate clinical management for femoroacetabular impingement 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 factors set out in subsections 8(4) to 8(7) apply only to material contribution to, or aggravation of, femoroacetabular impingement syndrome where the person's femoroacetabular impingement 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:

cam morphology means a flattening or convexity at the femoral head neck junction, or a non-spherical femoral head with an abnormal femoral head-neck offset.

femoroacetabular impingement syndrome—see subsection 6(2).

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.

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

pincer morphology means global or focal overcoverage of the femoral head by the acetabulum.

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.

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*.