

Statement of Principles

concerning

RETROCALCANEAL HEEL BURSITIS
(Balance of Probabilities)

(No. 89 of 2024)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 18 October 2024.

Professor Terence Campbell AM

Chairperson

by and on behalf of

The Repatriation Medical Authority

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1 Definitions 6

1. Name

This is the Statement of Principles concerning *retrocalcaneal heel bursitis* *(Balance of Probabilities)* (No. 89 of 2024).

1. Commencement

 This instrument commences on 19 November 2024.

1. Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

1. Repeal

The Statement of Principles concerning Achilles tendinopathy and bursitis (Balance of Probabilities) (No. 97 of 2015) (Federal Register of Legislation No. F2015L01337) made under subsection 196B(3) of the VEA is repealed.

1. Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

1. Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

1. Kind of injury, disease or death to which this Statement of Principles relates
	1. This Statement of Principles is about retrocalcaneal heel bursitis and death from retrocalcaneal heel bursitis.

Meaning of **retrocalcaneal heel bursitis**

* 1. For the purposes of this Statement of Principles, retrocalcaneal heel bursitis:
		1. means inflammation of the deep Achilles bursa located between the distal Achilles tendon and the calcaneus bone; and
		2. excludes posterior adventitial heel bursitis.

Death from **retrocalcaneal heel bursitis**

* 1. For the purposes of this Statement of Principles, retrocalcaneal heel bursitis,in relation to a person, includes death from a terminal event or condition that was contributed to by the person's retrocalcaneal heel bursitis.

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

1. Basis for determining the factors

On the sound medical‑scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that retrocalcaneal heel bursitis and death from retrocalcaneal heel bursitis can be related to relevant service rendered by veterans 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.

1. Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, retrocalcaneal heel bursitis or death from retrocalcaneal heel bursitis is connected with the circumstances of a person's relevant service:

* 1. Running or jogging an average of at least 60 kilometres per week for the 4 weeks before clinical onset or clinical worsening;
	2. undertaking weight bearing exercise involving repeated activity of the ankle joint on the affected side for:
		1. a minimum intensity of 5 METS; and
		2. for at least 6 hours per week; and
		3. for at least the 4 weeks before clinical onset or clinical worsening;

Note 1: Examples of weight bearing exercise involving repeated activity of the ankle joint at a minimum intensity of 5 METS include marching, playing basketball, football, volleyball, and track and field (especially those activities that involve jumping).

Note 2: MET (metabolic equivalent) is a unit of measure of the level of physical capability of the cardiorespiratory system. For example, 1 MET = cardiorespiratory effort associated with a person sitting, 3-4 METs = cardiorespiratory effort associated with a person walking at average walking pace (5 km/h) or light gardening.

* 1. having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening:
		1. ankylosing spondylitis;
		2. Behcet syndrome;
		3. enteropathic spondyloarthropathy (arthritis associated with inflammatory bowel disease);
		4. gout;
		5. pseudogout (calcium pyrophosphate dihydrate) or crystal-induced arthropathy from the deposition of calcium hydroxyapatite or calcium oxalate;
		6. psoriatic arthropathy;
		7. reactive arthritis;
		8. rheumatoid arthritis; or
		9. undifferentiated spondyloarthropathy;
	2. having a bacterial infection of the affected retrocalcaneal bursa at the time of clinical onset or clinical worsening;
	3. inability to obtain appropriate clinical management for retrocalcaneal heel bursitis before clinical worsening.
1. 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, retrocalcaneal heel bursitis where the person's retrocalcaneal heel bursitis was suffered or contracted before or during (but did not arise out of) the person's relevant service.
2. 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(3) 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
	1. In this instrument:
		1. ***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.
		2. ***relevant service*** means:
			1. eligible war service (other than operational service) under the VEA;
			2. defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
			3. peacetime service under the MRCA.

Note: ***MRCA*** and ***VEA*** are defined in the Schedule 1 - Dictionary.

* + 1. ***retrocalcaneal heel bursitis***—see subsection 7(2).
		2. ***terminal event*** means the proximate or ultimate cause of death and includes the following:
			1. pneumonia;
			2. respiratory failure;
			3. cardiac arrest;
			4. circulatory failure; or
			5. cessation of brain function.
		3. ***VEA*** means the *Veterans' Entitlements Act 1986*.