



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
DISTAL BICEPS BRACHII TENDINOPATHY
(Reasonable Hypothesis)
(No. 3 of 2025)

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

Dated 17 December 2024.

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

Contents

1	Name	2
2	Commencement	3
3	Authority	3
4	Application.....	3
5	Definitions.....	3
6	Kind of injury, disease or death to which this Statement of Principles relates.....	3
7	Basis for determining the factors	4
8	Factors that must exist	4
9	Relationship to service.....	4
10	Factors referring to an injury or disease covered by another Statement of Principles.....	4
Schedule 1 - Dictionary		6
1	Definitions.....	6

1 Name

This is the Statement of Principles concerning *distal biceps brachii tendinopathy (Reasonable Hypothesis)* (No. 3 of 2025).

2 Commencement

This instrument commences on 28 January 2025.

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 distal biceps brachii tendinopathy and death from distal biceps brachii tendinopathy.

Meaning of distal biceps brachii tendinopathy

- (2) For the purposes of this Statement of Principles, distal biceps brachii tendinopathy:
- (a) means a clinically symptomatic inflammation or degeneration of the distal biceps brachii tendon; and
 - (b) includes partial or complete tears of the distal biceps brachii tendon; and
 - (c) excludes bicipitoradial bursitis not accompanied by distal biceps brachii tendinopathy.

Note: Distal biceps brachii tendinopathy is also known as distal biceps brachii tendonitis/tendinitis or distal biceps brachii tendonosis/tendinosis.

Death from distal biceps brachii tendinopathy

- (3) For the purposes of this Statement of Principles, distal biceps brachii tendinopathy, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's distal biceps brachii tendinopathy.

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 distal biceps brachii tendinopathy and death from distal biceps brachii tendinopathy 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: *MRCA*, *relevant service* and *VEA* are 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 distal biceps brachii tendinopathy or death from distal biceps brachii tendinopathy with the circumstances of a person's relevant service:

- (1) having sudden forceful extension of the elbow, during elbow flexion, on the affected side at the time of clinical onset;

Note: Examples of activities that can cause sudden forceful extension of the elbow, during elbow flexion, include catching a heavy load with a bent arm, a fall on an outstretched hand and contact sports.

- (2) performing forceful activities with the hand or forearm on the affected side, in combination with:
 - (a) repetitive activities with the hand or forearm on the affected side; or
 - (b) sustained activities with the hand or forearm on the affected side;for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before clinical onset;
- (3) abusing anabolic steroids at the time of clinical onset;
- (4) inability to obtain appropriate clinical management for distal biceps brachii tendinopathy before clinical worsening.

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(4) applies only to material contribution to, or aggravation of, distal biceps brachii tendinopathy where the person's distal biceps brachii tendinopathy 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:

distal biceps brachii tendinopathy—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.

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*.