



Australian Government
Department of Veterans' Affairs

Compensation & Income Support Policy Branch

SOP Bulletin No. 197

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THE FOLLOWING RMA SOPS TAKE EFFECT ON 31 JULY, 2017

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| New SOPs | Femoroacetabular impingement syndrome |
| Revocations & Replacements | Labral tear Accommodation disorder Sickle-cell disorder |
| Amendments | Nil |

NOTEWORTHY FEATURES

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| Femoroacetabular impingement syndrome | New – 42 & 43 of 2017 |
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- This new SOP covers a condition that has become a common non-SOP MRCA claim in recent times. The condition involves abnormal contact between the ball (femoral head) and socket (acetabulum) of the hip joint, which results in clinical symptoms (particularly groin or hip pain related to hip motion or position).
- There are two radiological imaging findings that are commonly seen and reported in association with femoroacetabular impingement:

- Cam or pincer lesion (or morphology) of the hip joint, also commonly referred to as developmental hip dysplasia; and
 - Degenerative labral tear.
- Cam lesions/morphology (of the femoral head) and pincer lesions/morphology (of the acetabulum) are the underlying causes of the impingement. When present in someone with symptomatic impingement they are a part of the femoroacetabular impingement syndrome and do not warrant a separate diagnosis, but may be included in the diagnostic label given for the femoroacetabular impingement. When present in someone without symptomatic impingement they are an incidental radiological finding and should not be diagnosed as a stand-alone condition.
- Degenerative labral tear is a common finding on imaging in people with and without hip symptoms and may or may not be clinically significant. It can be an associated feature of femoroacetabular impingement, or of osteoarthritis, or an incidental finding. A degenerative labral tear would usually not warrant a stand-alone diagnosis but can be included as part of the diagnostic label with a femoroacetabular impingement diagnosis, or an osteoarthritis diagnosis. An isolated degenerative labral tear that is clinically significant (has symptoms and signs) may be diagnosed as a non-SOP condition, but this should be a rare occurrence.
- So in summary, femoroacetabular impingement is the central diagnosis to be made when there are appropriate imaging findings and clinical features. Cam or pincer morphology/developmental hip dysplasia and degenerative labral tears are associated features that may be included in the diagnostic label given for the femoroacetabular impingement.

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| Labral tear | Revocation – 36 & 37 of 2017 |
| | Replaces 94 and 95 of 2010 |

- The definition has been changed to amend the previous exclusion for ‘degenerative tears of the labrum’ to now exclude ‘degenerative tears of the labrum associated with osteoarthritis and acetabular labral tears associated with femoroacetabular impingement syndrome’.
- The previous forceful and repetitive motions of the shoulder factor has been amended and extended to now cover similar motions of the hip.
- A new factor has been added, for labral tear of the hip only, for being in the late stages of pregnancy.

Accommodation disorder**Revocation – 38 & 39 of 2017**

Replaces 5 and 6 of 2009

- There are new factors (RH and BOP, onset and worsening) for: concussion; moderate to severe head injury; atropine like drugs; and other drugs as specified.
- The SOP definition excludes temporary, reversible drug effects, so the new drug factors apply only where those drugs can't be ceased or substituted.

Sickle-cell disorder**Revocation – 40 & 41 of 2017**

Replaces 43 and 44 of 2008

- This SOP has worsening factors only. The previous definition for clinical worsening of sickle-cell disorder has been removed.
- The list of stimuli that can provoke a sickle-cell attack has been expanded and split into two factors: one for exposure within 24 hours and the other for exposure within seven days.
- There are new worsening factors for: smoking; passive smoking; and corticosteroid use (all RH and BOP) and asthma (RH only).

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