

Policy Development Branch

SOP Bulletin No. 239

13 November 2023

THE FOLLOWING RMA SOPS TAKE EFFECT ON 28 NOVEMBER 2023

New conditions	Pericarditis
Revocations & Replacements	Trochanteric bursitis # Gluteal tendinopathy # Medial tibial stress syndrome (shin splints) * Chronic exertional compartment syndrome of the lower leg (CECS) * Anxiety Disorder Malignant neoplasm of the salivary gland
Amendments	Parkinson’s disease and secondary parkinsonism

* The previous SoP for ‘Shin Splints’ has been split into these two separate SoPs

The previous SoP for ‘Trochanteric bursitis and gluteal tendinopathy’ has been split into these two separate SoPs

NOTEWORTHY FEATURES

Pericarditis	New- 90 & 91 of 2023
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- This new SoP defines pericarditis as inflammation of the pericardium and it covers acute pericarditis, chronic pericarditis, recurrent pericarditis and constrictive pericarditis.
- The definition of ‘pericarditis’ excludes ‘haemorrhage from pericardial injury not associated with pericardial inflammation.’
- The SoP factors relate to having open heart surgery, a pacemaker or defibrillator lead insertion, cardiac ablation procedure, sclerosants, penetrating or blunt trauma to the heart, electrical injury, peptic ulcer, radiotherapy, pericardial infection, systemic viral infections, tuberculosis, infection of the structures contiguous with

the pericardium, myocarditis, acute rheumatic fever, systemic vasculitis, systemic inflammatory diseases, organ transplantation, myocardial infarction, aortic dissection, pulmonary infarction, pancreatitis, neoplasms, cardiac infiltrative disease, chronic renal failure, diabetic ketoacidosis, medications, vaccines (Covid-19 and smallpox), and asbestos inhalation.

- Clinical worsening is applicable for most of the SoP factors.

Trochanteric bursitis

Revocation – 92 & 93 of 2023

Replaces 45 & 46 of 2015

- The trochanteric bursitis and gluteal tendinopathy SoP has now been separated into the trochanteric bursitis SoP and gluteal tendinopathy SoP. This is because the underlying pathology is different (bursa vs. tendon) and most patients will receive either a diagnosis of trochanteric bursitis or a diagnosis of gluteal tendinopathy and usually not both. They also have separate ICD codes.
- There has been a minor change to the definition of ‘trochanteric bursitis’ to require ‘symptomatic’ disease.
- The factors relating to overuse have been updated to current RMA formatting, but there has been no changes made involving the type and level of activity or duration and frequency of these activities.
- Rather than having a rheumatoid arthritis factor, there is now a factor relating to systemic inflammatory disease and the specified list includes conditions such as ankylosing spondylitis and polymyalgia rheumatic.
- There is a new obesity factor- ‘being obese at the time of clinical onset or worsening of trochanteric bursitis.’

Gluteal tendinopathy

Revocation – 94 & 95 of 2023

Replaces 45 & 46 of 2015

- The trochanteric bursitis and gluteal tendinopathy SoP has now been separated into the trochanteric bursitis SoP and gluteal tendinopathy SoP.
- Similar to trochanteric bursitis, there has been a minor change to the definition of the condition to require ‘symptomatic’ disease for gluteal tendinopathy.
- The factors relating to overuse have been updated to current RMA formatting but there has been no changes made involving the type and level of activity or duration and frequency of these activities.
- Rather than having a rheumatoid arthritis factor, there is now a factor relating to systemic inflammatory disease and the specified list includes conditions such as ankylosing spondylitis and polymyalgia rheumatic
- There is a new obesity factor- ‘being obese at the time of clinical onset or worsening of gluteal tendinopathy.’

**Medial tibial stress syndrome
(shin splints)**

Revocation – 96 & 97 of 2023

Replaces 9 & 10 of 2015

- The Shin Splints SoP has now been separated into separate SoPs- the ‘medial tibial stress syndrome (shin splints) SoP and the ‘chronic exertional compartment syndrome of the lower leg (CECS)’ SoP.
- There has been a change to the definition so that shin splints is now restricted to medial tibial stress syndrome (MTSS).
- Accordingly, there have been changes to the description of shin splints and to the list of excluded conditions from that previously defined for the ‘Shin Splints’ SoP. Medial tibial stress syndrome (shin splints)’ now excludes lower leg tendinopathies and the nerve and artery entrapment has been more specifically described as ‘sural or superficial peroneal nerve entrapments’ and ‘popliteal artery entrapment syndrome.’
- There have been no new factors added.
- There has been a relaxing of the temporal period between clinical onset and worsening of medial tibial stress syndrome (shin splints) and an increase in weight bearing activity. This has now been changed to ‘within the 2 weeks before the clinical onset or worsening of medial tibial stress syndrome (shin splints)’ from the previous requirement of ‘within the seven days before the clinical onset of shin splints.’
- The wording for the factor relating to ‘excess pronation of foot’ has been changed so that it now simply refers to ‘having pes planus of the affected limb.’

**Chronic exertional compartment
syndrome of the lower leg (CECS)**

Revocation – 98 & 99 of 2023

Replaces 9 & 10 of 2015

- The Shin Splints SoP has now been separated into separate SoPs- the ‘medial tibial stress syndrome (shin splints) SoP and the ‘chronic exertional compartment syndrome of the lower leg (CECS)’ SoP.
- Accordingly, there have been changes to the description of ‘chronic exertional compartment syndrome of the lower leg’ and to the list of excluded conditions from that previously defined for the ‘Shin Splints’ SoP. ‘Chronic exertional compartment syndrome of the lower leg’ now excludes lower leg tendinopathies and the nerve and artery entrapment has been more specifically described as ‘sural or superficial peroneal nerve entrapments’ and ‘popliteal artery entrapment syndrome.’
- There have been no new factors added.

- The current SoP for anxiety disorder covers generalised anxiety disorder, substance/medication-induced anxiety disorder, anxiety disorder due to another medical condition, other specified anxiety disorder and unspecified anxiety disorder. There are separate SoPs for panic disorder.
- The SoP definition still excludes agoraphobia, panic disorder, selective mutism, separation anxiety disorder, social anxiety disorder and specific phobia.
- The factor relating to ‘severe childhood abuse’ has been changed so that the upper age limit for childhood is now considered to be 18 rather than 16 years old.
- The factor involving ‘having a significant other who experiences a category 1A stressor’ has now been revised to replace ‘significant other’ with ‘family member or close friend.’
- The factor involving ‘death of a significant other who experiences a category 1A stressor’ has now been revised to replace ‘significant other’ with ‘family member or close friend.’ Additionally, the time frame has been increased from 2 years to 5 years for the RH SoP and from 1 to 2 years for the BoP SoP.
- The factor relating to ‘category 2 stressor’ has had the definition of category 2 stressor revised.
 - Part (a): Ethnicity and sexuality has been added and ‘language barriers’ has been removed.
 - Part (f): changed ‘significant other’ to ‘close friend’
 - Part (g): removed ‘being a full time caregiver’ as a possible sub-factor
- The factor relating to ‘disorder of mental health’ has had the revised to include ‘elimination disorders’ and ‘gambling disorders.’
- The factor relating to ‘medical illness or injury’ has now been separated into two separate factors to address ‘medical illness which is life-threatening’ and ‘having an injury which is life-threatening.’ The time frame for these BoP SoP factors have now been changed from 2 to 3 years.
- The factor relating to ‘endocrinological disorder’ (which was defined as diabetes mellitus and polycystic ovary syndrome) has now been removed and these conditions are now acknowledged as part of the medical illness factor.

- The definition of ‘persistent pain’ has now been slightly revised for the factor relating to ‘persistent pain’ with ‘almost continuous’ pain and interference with ‘leisure activities’ removed from the description.
- The factor relating to ‘having another medical condition’ has been revised to incorporate the definition of the medical condition and its effects into the details of the factor (rather than having it be defined separately).
- The factors relating to substance/medication-induced anxiety and a ‘specified drug’ has had the exposure and intoxication details slightly revised. The definition for intoxication has been removed and a definition for intoxicant dose has been added.
- There is now a separate factor relating to ‘psychoactive substance’ and ‘phencyclidine (PCP, angel dust) has been included in the list of these substances.’ Mefloquine still has its own factor and different time frame.
- The factors relating to when a ‘therapeutic or illicit drug was ceased or reduced’ has had a revision of the time frame from 7 to 10 days.
- The factor relating to heavy alcoholic consumption is now only relevant for the RH SoP rather than both RH SoP and BoP SoP.
- The factor relating to tobacco smoking has had its format updated and now refers to pack-years rather than the number of cigarettes per day.
- The factor relating to caffeine has now had its dose reduced from 800mg to 400mg as the threshold.
- There are new factors relating to:
 - ‘Experiencing a potentially morally injurious event’
 - ‘Experiencing miscarriage, foetal death in utero or stillbirth as a parent’
 - ‘Inability to undertake physical activity greater than 3 METs for a continuous period of at least the 3 months before the clinical onset/worsening’ (the definition of MET has been provided)

Malignant neoplasm of the salivary gland	Revocation – 102 & 103 of 2023
	Replaces 57 & 78 of 2015

- Salivary gland cancers are a rare type of cancer.
- The format of the definition has been updated but coverage remains the same.
- The factor relating to ‘mustard gas exposure’ has been removed.
- The ionising radiation factor has had a note added to explain the circumstances that might lead to radiation and how exposure dose is calculated.

- For the factor relating to human immunodeficiency virus, there is no longer a requirement that this should only relate to lymphoepithelial carcinoma. Additionally, this factor was previously only relevant for the RH SoP but has now been extended to be included in the BoP SoP as well.
- There is now a new factor created relating to tobacco smoke for the RH SoP (onset only).
- There are no clinical worsening factors because it would be difficult to determine if the worsening is due to the factor being considered or due to the natural progression of malignant neoplasia.

Parkinson's disease & secondary parkinsonism

Revocation – 104 of 2023

Current 55 & 56 of 2016

- The RMA was recently requested to review whether there is an association between concussion and Parkinson's disease.
- Neither of the the existing RH or BoP SoPs for 'Parkinson's disease and secondary parkinsonism' have SoP factors for concussion/mild traumatic brain injury.
- After this review, the BoP SoP has been updated to include a factor relating 'Parkinson's disease' and 'moderate to severe traumatic brain injury.' Previously this was considered relevant for the RH SoP only.
- There are no new factors relating Parkinson's disease to concussion.

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