



Australian Government
Department of Veterans' Affairs

Policy Development Branch

SOP Bulletin No. 214

11 May 2020

THE FOLLOWING RMA SOPs TAKE EFFECT ON 25 MAY, 2020

New SOPs	Nil
Revocations & Replacements	Patellar tendinopathy Gunshot injury* Explosive blast injury* Sprain and strain Coeliac disease Malignant neoplasm of the liver Polyarteritis nodosa
Amendments	Diverticular disease of the colon Ganglion Intervertebral disc prolapse Osteoarthritis Temporomandibular disorder Ulnar neuropathy at the elbow

* Replace previous SOP for physical injury due to munitions discharge

NOTEWORTHY FEATURES

Patellar tendinopathy

Revocation – 21 & 22 of 2020

Replaces 114 & 115 of 2011

- The definition has been recast and the SOP coverage extended.
- The SOP previously covered inflammation and degeneration in the patella tendon (the tendon that attaches the patella (knee cap) to the tibia). The SOP now also covers tendinopathy in the distal quadriceps tendon. The quadriceps tendon connects the quadriceps muscles to the patella. The quadriceps and patella tendons, together with the patella, are parts of one functional unit via which the quadriceps muscles straighten the knee joint. This unit can be regarded as one tendon, with a large sesamoid bone (the patella) within it. The distal quadriceps tendon is that part of the tendon complex just above the patella. It is at this site that inflammatory and degenerative in the quadriceps tendon occurs.
- Factor changes:
 - The distance requirements in the running or jogging factors have been increased (and are now consistent with similar SOPs).
 - There are new factors for the following:
 - gout - RH & BOP, onset and worsening;
 - a glucocorticoid drug as specified – RH only, onset and worsening;
 - a fluoroquinolone antibiotic – RH only, onset and worsening;
 - atorvastatin (cholesterol lowering drug) – for distal quadriceps tendinopathy or rupture only, RH only, onset and worsening.

Gunshot injury

Revocation – 23 & 24 of 2020

Replaces 48 & 49 of 2012

Explosive blast injury

Revocation – 25 & 26 of 2020

Replaces 48 & 49 of 2012

- The previous SOP for 'physical injury due to munitions discharge' has been split into the above two SOPs.

- The gun shot injury SOP covers any physical injury from a (non-explosive) projectile fired from any type of gun (incl. hand gun, rifle, machine gun, or shotgun).
- The explosive blast injury SOP covers any physical injury resulting from an explosive blast, including: the direct effects of the overpressure wave; injuries from flying debris or fragments; and injuries from being thrown against an object by the force of the blast. The SOP could also cover, e.g., burns from an explosive blast, or a crush fracture resulting from the explosive blast used on activation of an aircraft ejection seat.
- Coverage of these SOPs can overlap with other injury-related SOPs such as those for: head injury; fracture; cut, stab, abrasion and laceration; and others. This is one of the few situations where more than one SOP can apply for the same condition/injury. Each relevant (injury) SOP of this type has a factor directly linking an injury event to the outcome, so the choice of SOP, when more than one is available, will typically not influence the claim outcome. A best fit approach should be used. More than one SOP could be applied, to a set of injuries, if warranted by the individual circumstances.
- Accurate and sufficiently detailed diagnostic labelling, clearly describing the relevant injuries, is most important with claims of this type. It needs to be clear what is covered by a decision on a claim for the purposes of entitlement, assessment and treatment, and for the later consideration of any sequelae.

Sprain and strain

Revocation – 27 & 28 of 2020

Replaces 94 & 95 of 2011

- The definitions have been reformatted, into the current style. There has also been a minor change to the exclusions in the definitions, so that now an acute sprain or strain occurring in a ligament, muscle or tendon that is affected by a degenerative process is covered by the SOP.
- Notes have been added to the factors, giving examples of relevant activities and circumstances for each factor.

Coeliac disease

Revocation – 29 & 30 of 2020

Replaces 1 & 2 of 2011

- The definition has been updated, but SOP coverage is unchanged.
- Note that this SOP covers only true coeliac disease, with biopsy-proven changes in the lining of the small intestine in genetically susceptible individuals. It does not cover gluten sensitivity in the absence of objectively-demonstrated coeliac disease. This

‘non-coeliac gluten sensitivity’, which has become much more common and is largely self-reported, is a controversial and poorly understood syndrome. It may be a subgroup of irritable bowel syndrome and the SOP for that condition may be applicable for relevant claims. Where a diagnosis of ‘non-coeliac gluten sensitivity’ has been made in accordance with established consensus criteria, it can be considered as a non-SOP condition.

- This SOP has worsening factors only. There are new worsening factors covering several drugs:
 - proton pump inhibitors and histamine-2 receptor antagonists - RH and BOP;
 - non-selective, non-steroidal, anti-inflammatory agents – RH only.

Malignant neoplasm of the liver

Revocation – 31 & 32 of 2020

Replaces 21 & 22 of 2011
as amended

- There are new factors for:
 - hepatitis D; and chronic hepatitis (i.e. any other type that is not covered by a factor for a specific type) - RH and BOP;
 - asbestos; inability to undertake physical exercise; autoimmune chronic active hepatitis; primary biliary cholangitis; and, a specified list of (liver) disorders – RH only.
- Both RH and BOP SOPs previously had factors for type 2 diabetes and obesity. Changes, in the RH SOP only, extend coverage to type 1 diabetes and to being overweight.

Polyarteritis nodosa

Revocation – 33 & 34 of 2020

Replaces 11 & 12 of 2011

- Some detail has been added to the definition, but SOP coverage is unchanged.
- There are changes to factors in the RH SOP only:
 - There are new onset factors for: Hepatitis C; treatment with minocycline; and having hairy cell leukaemia;
 - There are new worsening factors for Hepatitis C and treatment with minocycline;
 - A previous worsening factor for Hepatitis B vaccination has been removed.

Diverticular disease of the colon	Amendment – 35 & 36 of 2020 Amends 15 & 16 of 2016
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- The amendment adds new factors (RH & BOP, onset and worsening), applying to diverticular perforation, abscess and fistula only, for treatment with an immunosuppressive drug.

Ganglion	Amendment – 37 of 2020 Amends 71 of 2016
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Intervertebral disc prolapse	Amendment – 38 & 39 of 2020 Amends 43 & 44 of 2016
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Osteoarthritis	Amendment – 40 & 41 of 2020 Amends 61 & 62 of 2017
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Temporomandibular disorder	Amendment – 42 & 43 of 2020 Amends 47 & 48 of 2018
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Ulnar neuropathy at the elbow	Amendment – 44 & 45 of 2020 Amends 65 & 66 of 2017
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- The amendment in each case is to the definition for ‘trauma to the (relevant site)’.
- Each of these SOPs has a factor for acute trauma. The associated definition details aspects, including time to onset of symptoms and signs (within 24 hours) and duration of symptoms and signs (at least seven days).
- There are a number of other SOPs with the same factor and definition (e.g. the three spondylosis SOPs), but where the definition also includes a provision in the case of ‘sustained unconsciousness or the masking of pain by analgesic medication’.
- That same provision has now been added to the definition in each of the above SOPs.
- The ‘masking of pain by analgesic medication’ provision covers the situation where a person has sustained injuries to more than one part of the body from the same injury event. Analgesia given for a more serious or more readily apparent injury to one part of the body may mask the onset of symptoms and signs from trauma to a site relevant for the above SOPs. In that case the onset of symptoms or signs at that site can be

delayed beyond 24 hours, but they must emerge once the analgesia has been reduced or ceased.

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