



Cervical spine

Any physical limitations caused by weakness, pain or decreased mobility. Any injuries or conditions causing a loss of function for a period longer than one week, known congenital abnormalities, and previous surgery.

Treating Doctor / Orthopaedic Surgeon / Neurosurgeon / Spinal Surgeon / Rehabilitation Physician / Rheumatologist / Neurologist / Physiotherapist

Investigations and Reports for all

History of presenting complaint including circumstances of injury, date of injury / first symptom, diagnosis, any predisposing factors
Symptoms including duration of symptoms, date of last symptom. Nature and severity of symptoms including isolated pain with no apparent functional significance, radicular symptoms, myelopathic symptoms
Functional impact including premorbid, extent and duration of limitations to ADL's, occupational activities and recreational activities. Current physical activity level and limitations.
Presence or absence of recurrence
Victoria Police cervical spine functional assessment form required for <ul style="list-style-type: none">any symptoms lasting longer than 4 weeks in the past 10 yearslonger than 1 week in the past 12 monthsany of the conditions listed under "additional investigations and reports"
Investigation results
Treatment including past medical records, hospital records, physiotherapy notes, procedure notes. Medications used including dose, frequency, side effects. Duration of treatment.

Additional Investigations and Reports for any history suggestive of:

Cervical disc degeneration

Imaging Xray, CT or MRI
Specialist report Spinal Surgeon / Rehabilitation Physician

Cervical spinal stenosis / disc herniation / neural compression

Imaging Xray, CT or MRI
Specialist report Spinal Surgeon / Rehabilitation Physician



Rheumatoid arthritis

Specialist report Rheumatologist

Cervical instability, cervical fracture/dislocation

Specialist report Spinal Surgeon / Rehabilitation Physician
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Radicular symptoms

Special test EMG-NCS (if applicable)

Specialist report Spinal Surgeon / Rehabilitation Physician
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Surgery

Imaging Cervical Xray (AP, lateral flexion, lateral extension view), CT and/or MRI showing the entirety of all instrumentation in at least 2 views

Special test EMG-NCS (if applicable)

Pathology ESR, CRP, FBE with differential (if applicable)
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Physiotherapist report

Specialist report Spinal Surgeon / Rehabilitation Physician
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Medical Standard for all

(including Additional Medical Standard for any history suggestive of:)

May be fit for unrestricted duties if all are true:

- There is no current activity limitation
- Victoria Police Cervical Spine Functional Assessment is completed and is within normal limits
- Asymptomatic or chronic non-limiting cervical pain while currently participating in activities/sports of equivalent intensity to the inherent requirements of an operational general police officer and protective services officer
- Asymptomatic, over the age of 40 years and radiographic abnormalities are limited to the following:
 - Reduced disc height
 - Disc bulges/protrusions
 - Annular tear
 - Annular fissure
 - Decreased signal intensity on T2 MRI imaging ("darkened disc")
 - Anterior compression of the dura.
- Able to safely and effectively perform the inherent requirements of the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation for the next 3 years at a minimum
- Meets the NTC Fitness to Drive Commercial Drivers Standard.



Additional Medical Standard for any history suggestive of....

May be fit for unrestricted duties if the following additional criteria are met:

Cervical disc degeneration

- Meets “Radicular Symptoms” criteria
- Xray, CT or MRI exclude any features of concern
- Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Cervical spinal stenosis / disc herniation / neural compression

- Meets “Radicular Symptoms” criteria
- Xray, CT or MRI exclude any features of concern
- Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Rheumatoid arthritis

- Rheumatologists’ opinion is that the condition is stable, unlikely to progress and taking into account condition and treatment they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation for the next 3 years at a minimum.

Cervical instability, cervical fracture/dislocation

- Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Radicular symptoms

- No radicular symptoms within the past 3 years and any history of radicular symptoms were less than 3 weeks duration unless all of the following additional criteria are met:
 - No EMG-NCS evidence of radiculopathy
 - Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.



Surgery

- Cervical Xray (AP, lateral flexion, lateral extension view), CT and/or MRI have excluded any features of concern
- No evidence of instrumentation failure, graft collapse, graft subsidence, graft migration or graft extrusion
- No evidence of malunion or non-union
- There is no recurrent disc herniation, evidence of arachnoiditis, peri-epidural fibrosis or radiculitis
- There is no implanted spinal cord stimulator or intrathecal drug pump
- There is no history of cervical disc replacement or laminectomy-only surgery
- There is no history of myelomalacia or syrinx
- If surgery has occurred in the past 12 months then the following additional criteria are met:
 - Serum labs (ESR, CRP, FBE with differential) are within normal limits
 - EMG-NCS within normal limits (if there was a concern about radiculopathy).
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
- Spinal Surgeon / Rehabilitation Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Impact on Job Performance

Might impair strength and mobility impacting driving and physical tasks

May limit capacity for offender control

May impede one's ability to keep pace with one's work partner

Risk of sudden incapacitation



Thoracolumbar spine

Any physical limitations caused by weakness, pain or decreased mobility. Any injuries or conditions causing a loss of function for a period longer than one week, known congenital abnormalities, and previous surgery.

Treating Doctor / Orthopaedic Surgeon / Rehabilitation Physician / Rheumatologist / Neurologist / Physiotherapist

Investigations and Reports for all

History of presenting complaint including circumstances of injury, date of injury / first symptom, diagnosis, any predisposing factors
Symptoms including duration of symptoms, date of last symptom. Nature and severity of symptoms including isolated pain with no apparent functional significance, radicular symptoms, myelopathic symptoms
Functional impact including premorbid, extent and duration of limitations to ADL's, occupational activities and recreational activities. Current physical activity level and limitations.
Presence or absence of recurrence
Victoria Police thoracolumbar spine functional assessment form required for <ul style="list-style-type: none">any symptoms lasting longer than 4 weeks in the past 10 yearslonger than 1 week in the past 12 monthsany of the conditions listed under "additional investigations and reports"
Investigation results
Treatment including past medical records, hospital records, physiotherapy notes, procedure notes. Medications used including dose, frequency, side effects. Duration of treatment.

Additional Investigations and Reports for any history suggestive of:

Rheumatoid arthritis

Specialist report Rheumatologist

Fracture/dislocation

Imaging Xray, bone scan or MRI
Specialist report Spinal Surgeon / Rehabilitation Physician

Radicular symptoms

Special test EMG-NCS (if applicable)
Specialist report Spinal Surgeon / Rehabilitation Physician



Neural compression (“Stenosis”)

Special test EMG-NCS
Specialist report Spinal Surgeon / Rehabilitation Physician

Scoliosis

Imaging Spinal x-ray scoliosis series (standing AP and lateral, full length (0.9m) spinal x-ray, taken with arms positioned in 30 degrees of shoulder flexion, CT and/or MRI. IF has history of fusion surgery for scoliosis: flexion/extension radiographs and CT or MRI with contrast or CT myelogram.
Special test pulmonary function test and/or EMG-NCS (if applicable)
Specialist report Spinal Surgeon / Rehabilitation Physician

Thoracic disc herniated nucleus pulposus (HNP)

Imaging Xray, CT or MRI
Special test EMG-NCS (if applicable)
Specialist report Spinal Surgeon / Rehabilitation Physician

Surgery

Imaging Xray (AP, lateral flexion, lateral extension view), CT and/or MRI showing the entirety of all instrumentation in at least 2 views
Pathology ESR, CRP, FBE with differential
Special test Pulmonary function test required and EMG-NCS (if applicable)
Physiotherapist report
Specialist report Spinal Surgeon / Rehabilitation Physician

Medical Standard for all

(including Additional Medical Standard for any history suggestive of:)

May be fit for unrestricted duties if all are true:

- There is no current activity limitation
- Victoria Police Thoracolumbar Spine Functional Assessment is completed and is within normal limits
- Asymptomatic or chronic non-limiting pain while currently participating in activities/sports of equivalent intensity to the inherent requirements of an operational general police officer and protective services officer
- Asymptomatic, over the age of 40 years and radiographic abnormalities are limited to the following:
 - Reduced disc height
 - Disc bulges/protrusions
 - Annular tear



- Annular fissure
 - Decreased signal intensity on T2 MRI imaging (“darkened disc”)
 - Anterior compression of the dura
 - Schmorl’s nodes
 - Chronic healed compression fracture.
- Able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation for the next 3 years at a minimum
- Meets the NTC Fitness to Drive Commercial Drivers Standard.

Additional Medical Standard for any history suggestive of:

Rheumatoid arthritis

- Rheumatologists’ opinion is that the condition is stable, unlikely to progress and taking into account condition and treatment they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation for the next 3 years at a minimum.

Fracture/dislocation

- There is no evidence of malunion or non-union
- There is no MRI or bone scan evidence of subacute fracture (e.g. fracture with bone oedema or active remodelling seen)
- Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Radicular symptoms

- No radicular symptoms within the past 3 years and any history of radicular
 - symptoms were less than 3 weeks duration unless all of the following additional criteria are met:
 - No EMG-NCS evidence of radiculopathy
 - Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Neural compression (“Stenosis”)

- No EMG-NCS evidence of radiculopathy
- Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.



Scoliosis

- If curve 25 degrees or more:
 - Pulmonary function test demonstrates FVC \geq 80% predicted
- If there has been a history of fusion surgery for scoliosis, the following additional criteria will also need to be met:
 - Meets “surgery” criteria
 - A minimum of 12 months has elapsed post-operatively.
- Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Thoracic disc herniated nucleus pulposus (HNP)

- Xray, CT or MRI do not identify any features of concern
- EMG-NCS is within normal limits (if there was a concern about radiculopathy)
- There is no implanted spinal cord stimulator or intrathecal drug delivery pump
- If post-operative, meets “Surgery” criteria
- Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Surgery

- Xray (AP, lateral flexion, lateral extension view), CT and/or MRI showing the entirety of all instrumentation have excluded any features of concern
- Pulmonary function test demonstrates FVC \geq 80% predicted
- No evidence of instrumentation failure, graft collapse, graft subsidence, graft migration or graft extrusion
- No evidence of malunion or non-union
- There is no recurrent disc herniation, evidence of arachnoiditis, peri-epidural fibrosis or radiculitis
- There is no implanted spinal cord stimulator or intrathecal drug pump
- There is no history of myelomalacia or syrinx
- If surgery has occurred in the past 12 months then the following additional criteria are met:
 - Serum labs (ESR, CRP, FBE with differential) are within normal limits
 - EMG-NCS within normal limits (if there was a concern about radiculopathy).
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
- Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.



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Impact on Job Performance

Might impair strength and mobility impacting driving and physical tasks

May limit capacity for offender control

May impede one's ability to keep pace with one's work partner

Risk of sudden incapacitation



Lumbar spine

Any physical limitations caused by weakness, pain or decreased mobility. Any injuries or conditions causing a loss of function for a period longer than one week, known congenital abnormalities, and previous surgery.

Treating Doctor / Orthopaedic Surgeon / Rehabilitation Physician / Rheumatologist / Neurologist / Physiotherapist

Investigations and Reports for all

History of presenting complaint including circumstances of injury, date of injury / first symptom, diagnosis, any predisposing factors
Symptoms including duration of symptoms, date of last symptom. Nature and severity of symptoms including isolated pain with no apparent functional significance, radicular symptoms, myelopathic symptoms
Functional impact including premorbid, extent and duration of limitations to ADL's, occupational activities and recreational activities. Current physical activity level and limitations.
Presence or absence of recurrence
Victoria Police lumbar spine functional assessment form required for <ul style="list-style-type: none">any symptoms lasting longer than 4 weeks in the past 10 yearslonger than 1 week in the past 12 monthsany of the conditions listed under "additional investigations and reports"
Investigation results
Treatment including past medical records, hospital records, physiotherapy notes, procedure notes. Medications used including dose, frequency, side effects. Duration of treatment.

Additional Investigations and Reports for any history suggestive of:

Rheumatoid arthritis

Specialist report Rheumatologist

Fracture/dislocation

Imaging LS Spine x-ray with 2 views (AP/Lateral) radiographs do not demonstrate any features of concern
Specialist report Spinal Surgeon / Rehabilitation Physician



Radicular symptoms

Special test EMG-NCS (if applicable)
Specialist report Spinal Surgeon / Rehabilitation Physician

Neural compression ("Stenosis")

Special test EMG-NCS
Specialist report Spinal Surgeon / Rehabilitation Physician

Lumbar instability, significant degenerative changes, MRI evidence of spinal cord defect

Specialist report Spinal Surgeon / Rehabilitation Physician
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Scoliosis

Imaging Spinal x-ray scoliosis series (standing AP and lateral, full length (0.9m) spinal x-ray, taken with arms positioned in 30 degrees of shoulder flexion, CT and/or MRI. IF has history of fusion surgery for scoliosis: flexion/extension radiographs and CT or MRI with contrast or CT myelogram.
Special test pulmonary function test
Specialist report Spinal Surgeon / Rehabilitation Physician

Spondylolisthesis

Imaging Xray (lumbar lateral flexion/extension views), CT or MRI
Special test EMG-NCS (if applicable)
Specialist report Spinal Surgeon / Rehabilitation Physician

Lumbar disc herniated nucleus pulposus (HNP)

Imaging Xray, CT or MRI
Special test EMG-NCS (if applicable)
Specialist report Spinal Surgeon / Rehabilitation Physician

Surgery

Imaging Xray (AP, lateral flexion, lateral extension views), CT and/or MRI showing the entirety of all instrumentation in at least 2 views
Special test EMG-NCS (if applicable)
Pathology ESR, CRP, FBE with differential
Physiotherapist report
Specialist report Spinal Surgeon / Rehabilitation Physician



Additional Medical Standard for any history suggestive of:

Rheumatoid arthritis

- Rheumatologists' opinion is that the condition is stable, unlikely to progress and taking into account condition and treatment they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation for the next 3 years at a minimum.

Fracture or dislocation

- LS Spine x-ray with 2 views (AP/Lateral) radiographs do not demonstrate any features of concern
- Spinal Surgeon's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Radicular symptoms

- No radicular symptoms within the past 3 years and any history of radicular
 - symptoms were less than 3 weeks duration unless all of the following additional criteria are met:
 - No EMG-NCS evidence of radiculopathy
 - Spinal Surgeon / Rehabilitation Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Neural compression ("Stenosis")

- No EMG-NCS evidence of radiculopathy
- Spinal Surgeon / Rehabilitation Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Lumbar instability, significant degenerative changes, MRI evidence of spinal cord defect

- No history of symptoms or abnormal neurological findings lasting more than 36 hours
- Spinal Surgeon / Rehabilitation Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Scoliosis

- Pulmonary function test demonstrates FVC \geq 80% predicted
- There is no implanted spinal cord stimulator or intrathecal drug delivery pump



- If there has been a history of fusion surgery for scoliosis, the following criteria will also need to be met:
 - Meets “Surgery” criteria
 - A minimum of 12 months has elapsed post-operatively.
- Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Spondylolisthesis

- Spondylolisthesis <25% (Grade I) OR
- History of Spondylolisthesis >25% post-surgical treatment and meets “Surgery” criteria
- There is no implanted spinal cord stimulator or intrathecal drug delivery pump
- Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Lumbar disc herniated nucleus pulposus (HNP)

- Xray, CT or MRI do not identify any features of concern
- EMG-NCS is within normal limits (if there was a concern about radiculopathy)
- There is no implanted spinal cord stimulator or intrathecal drug delivery pump
- If post-operative, meets “Surgery” criteria
- Spinal Surgeon / Rehabilitation Physician’s opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Surgery

- Xray (AP, lateral flexion, lateral extension view), CT and/or MRI do not show any features of concern
- No evidence of instrumentation failure, graft collapse, graft subsidence, graft migration or graft extrusion
- No evidence of malunion or non-union
- There is no recurrent disc herniation, evidence of arachnoiditis, peri-epidural fibrosis or radiculitis
- There is no implanted spinal cord stimulator or intrathecal drug pump
- There is no history of lumbar laminectomy without fusion
- There is no history of myelomalacia or syrinx
- If surgery has occurred in the past 12 months then the following additional criteria are met:
 - Serum labs (ESR, CRP, FBE with differential) are within normal limits
 - EMG-NCS within normal limits (if there was a concern about radiculopathy).
- Physiotherapy notes demonstrate successful completion of full rehabilitation program



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- Spinal Surgeon's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Impact on Job Performance

Might impair strength and mobility impacting driving and physical tasks

May limit capacity for offender control

May impede one's ability to keep pace with one's work partner

Risk of sudden incapacitation



Shoulder

Any physical limitations caused by weakness, pain or decreased mobility. Any injuries or conditions causing a loss of function for a period longer than one week, known congenital abnormalities, and previous surgery.

Treating Doctor / Orthopaedic Surgeon / Sports Physician / Rehabilitation Physician / Rheumatologist / Physiotherapist

Investigations and Reports for all

History of presenting complaint including circumstances of injury, date of injury / first symptom, diagnosis, any predisposing factors
Symptoms including duration of symptoms, date of last symptom. Nature and severity of symptoms including isolated pain with no apparent functional significance, radicular symptoms, myelopathic symptoms
Functional impact including premorbid, extent and duration of limitations to ADL's, occupational activities and recreational activities. Current physical activity level and limitations.
Presence or absence of recurrence
Victoria Police shoulder functional assessment form required for <ul style="list-style-type: none">any symptoms lasting longer than 4 weeks in the past 10 yearslonger than 1 week in the past 12 monthsany of the conditions listed under "additional investigations and reports"
Investigation results
Treatment including past medical records, hospital records, physiotherapy notes, procedure notes. Medications used including dose, frequency, side effects. Duration of treatment.

Additional Investigations and Reports for any history suggestive of:

Radicular symptoms

Special tests EMG-NCS (if applicable)
Specialist report Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist

Rotator cuff disease

Imaging Shoulder x-ray images (2+ views, including AP and axillary views) and US or MRI
Physiotherapist report



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Specialist report Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist

Fracture

Imaging Shoulder x-ray

Instability, dislocation, subluxation, Hill-Sachs lesion or stabilisation surgery

Imaging MR arthrogram

Physiotherapist report

Specialist report Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist

Frozen shoulder / adhesive capsulitis

Imaging Shoulder x-ray images (2+ views, including AP and axillary views) and US or MRI
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Physiotherapist report

Specialist report Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist

Surgery

Imaging Shoulder x-ray images (2+ views, including the AP and axillary views including all surgical instrumentation in at least 2 views
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Pathology ESR, CRP, FBE with differential (if applicable)
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Special test EMG-NCS (if applicable)

Physiotherapist report

Specialist report Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist

Medical Standard for all

(including Additional Medical Standard for any history suggestive of:)

May be fit for unrestricted duties if all are true:

- There is no current activity limitation
- Victoria Police Shoulder Functional Assessment is completed and is within normal limits
- Asymptomatic
- Able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation for the next 3 years at a minimum
- Meets the NTC Fitness to Drive Commercial Drivers Standard.



Additional Medical Standard for any history suggestive of:

Radicular symptoms

- No radicular symptoms within the past 3 years and any history of radicular
 - symptoms were less than 3 weeks duration unless all of the following additional criteria are met:
 - No EMG-NCS evidence of radiculopathy
 - Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Rotator cuff disease

- There is evidence of a minimum of 3 months full functional capacity after rehabilitative / surgical treatment
- If post-operative, meets "Surgery" criteria
- Shoulder x-ray images (2+ views, including AP and axillary views) and US or MRI do not identify any features of concern
- Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Fracture

- Successful union with conservative treatment
OR
- If post-operative then meets "surgery" criteria.

Instability, dislocation, subluxation, Hill-Sachs lesion or stabilisation surgery

- Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation
AND
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
AND
 - The shoulder has been surgically repaired at least 12 months prior and meets "surgery" criteria OR
 - The last episode of subluxation occurred a minimum of 2 years ago OR
 - A history of shoulder dislocation without surgical intervention will also require these additional criteria to be met:
 - Initial shoulder dislocation occurred prior to 40 years old and a minimum of 5 years has elapsed since their last dislocation



- Initial shoulder dislocation occurred after turning 40 years old and a minimum of 2 years has elapsed since their last dislocation.

Frozen shoulder / adhesive capsulitis

- Shoulder x-ray images (2+ views, including AP and axillary views) and US or MRI do not identify any features of concern
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Surgery

- Shoulder x-ray images (2+ views, including the AP and axillary views including all surgical instrumentation in at least 2 views excludes post-traumatic arthritis, implant malposition implant fracture, osteonecrosis, chondrolysis, adhesive capsulitis, loss of fixation, malunion, malreduction, non-union, infection, loosening, loss of supporting bone
- If surgery has occurred in the past 12 months then the following additional criteria are met:
 - Serum labs (ESR, CRP, FBE with differential) are within normal limits
 - EMG-NCS within normal limits (if there was a concern about radiculopathy).
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Impact on Job Performance

Might impair strength and mobility impacting driving and physical tasks

May limit capacity for offender control

May impede one's ability to keep pace with one's work partner

Risk of sudden incapacitation



Elbow

Any physical limitations caused by weakness, pain or decreased mobility. Any injuries or conditions causing a loss of function for a period longer than one week, known congenital abnormalities, and previous surgery.

Treating Doctor / Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician / Physiotherapist / Occupational or Physical Hand Therapist

Investigations and Reports for all

History of presenting complaint including circumstances of injury, date of injury / first symptom, diagnosis, any predisposing factors
Symptoms including duration of symptoms, date of last symptom. Nature and severity of symptoms including isolated pain with no apparent functional significance, radicular symptoms, myelopathic symptoms
Functional impact including premorbid, extent and duration of limitations to ADL's, occupational activities and recreational activities. Current physical activity level and limitations.
Presence or absence of recurrence
Victoria Police elbow functional assessment form required for <ul style="list-style-type: none">any symptoms lasting longer than 4 weeks in the past 10 yearslonger than 1 week in the past 12 monthsany of the conditions listed under "additional investigations and reports"
Investigation results
Treatment including past medical records, hospital records, physiotherapy notes, procedure notes. Medications used including dose, frequency, side effects. Duration of treatment.

Additional Investigations and Reports for any history suggestive of:

Olecranon bursitis

Imaging Elbow x-ray images (2 views)
Pathology Serum labs (RF, uric acid, ESR, CRP, WBC) or fluid aspiration
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist



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Lateral or medial epicondylitis

Imaging Elbow x-ray images (2 views) and MRI elbow and/or cervical spine
Pathology Serum labs (RF, ESR, CRP)
Special test EMG-NCS (if applicable)
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist

Biceps tendon injury

Imaging Elbow x-ray images (2-3 views) and MRI or US
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist

Elbow dislocation

Imaging Elbow x-ray images (2-3 views) and CT or MRI (if available)
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist

Surgery

Imaging Imaging with 3 or more radiographic, including all surgical instrumentation in at least 2 views
Pathology ESR, CRP, FBE with differential (if applicable)
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist

Medical Standard for all

(including Additional Medical Standard for any history suggestive of:)

May be fit for unrestricted duties if all are true:

- There is no current activity limitation
- Victoria Police Elbow Functional Assessment is completed and is within normal limits
- Asymptomatic
- Able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation for the next 3 years at a minimum
- Meets the NTC Fitness to Drive Commercial Drivers Standard.



Additional Medical Standard for any history suggestive of:

Olecranon bursitis

- Elbow x-ray images (2 views) do not identify any features of concern
- Serum labs (RF, uric acid, ESR, CRP, WBC) or fluid aspiration results are within normal limits
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rehabilitation Physician / Rheumatologist / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Lateral or medial epicondylitis

- Fully resolved symptoms with evidence of at least 6 weeks of normal function demonstrated
- Elbow x-ray images (2 views) do not identify any features of concern
- MRI elbow and/or cervical spine do not identify any features of concern
- Serum labs (RF, ESR, CRP) are within normal limits
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Biceps tendon injury

- Elbow x-ray images (2-3 views) do not identify any features of concern
- MRI or US studies do not identify any features of concern
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Elbow dislocation

- Elbow x-ray images (2-3 views) do not identify any features of concern
- MRI or CT studies (if available) do not identify any features of concern
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program



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- Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Surgery

- Imaging with 3 or more views, including all surgical instrumentation in at least 2 views exclude any features of concern
- If surgery has occurred in the past 12 months then the following additional criteria are met:
 - Serum labs (ESR, CRP, FBE with differential) are within normal limits
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rehabilitation Physician / Sports Physician / Rheumatologist's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Impact on Job Performance

Might impair strength and mobility impacting driving and physical tasks

May limit capacity for offender control

May impede one's ability to keep pace with one's work partner

Risk of sudden incapacitation



Wrist/Hand

Any physical limitations caused by weakness, pain or decreased mobility. Any injuries or conditions causing a loss of function for a period longer than one week, known congenital abnormalities, and previous surgery.

Treating Doctor / Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician / Occupational or Physical Hand Therapist / Physiotherapist

Investigations and Reports for all

History of presenting complaint including circumstances of injury, date of injury / first symptom, diagnosis, any predisposing factors
Symptoms including duration of symptoms, date of last symptom. Nature and severity of symptoms including isolated pain with no apparent functional significance, radicular symptoms, myelopathic symptoms
Functional impact including premorbid, extent and duration of limitations to ADL's, occupational activities and recreational activities. Current physical activity level and limitations.
Presence or absence of recurrence
Victoria Police wrist/hand functional assessment form required for <ul style="list-style-type: none">any symptoms lasting longer than 4 weeks in the past 10 yearslonger than 1 week in the past 12 monthsany of the conditions listed under "additional investigations and reports"
Investigation results
Treatment including past medical records, hospital records, physiotherapy notes, procedure notes. Medications used including dose, frequency, side effects. Duration of treatment.

Additional Investigations and Reports for any history suggestive of:

Carpal tunnel syndrome

Imaging One of Xray images (3 views including the AP, lateral and oblique views), US or MRI
Special tests EMG-NCS
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician



de Quervain's tenosynovitis

Imaging Hand/Wrist Xray images (3 views including the AP, lateral and oblique views)
Special tests EMG-NCS (if applicable)
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Ganglion cyst

Imaging Hand/Wrist Xray images (3 views including the AP, lateral and oblique views) and US or MRI
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Trigger finger / stenosing flexor tenosynovitis of the fingers

Imaging Hand Xray images (3 views including the AP, lateral and oblique views)
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Osteoarthritis of the base of the thumb (1st carpometacarpal joint)

Imaging Xray images (3 views including the AP, lateral and Robert's thumb views)
Special Test EMG-NCS (if applicable)
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Dupuytren's disease

Imaging Xray images (3 views including the AP, lateral and oblique views)
Special Test EMG-NCS (if applicable)
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Fracture, dislocation, or other tendon injuries of the wrist/hand

Imaging Hand / Wrist Xray images (3 views including the AP, lateral and oblique views) with contralateral images and CT, MRI or US.
Specialist report Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician



Surgery

Imaging Xray images (3 views, including AP, lateral and oblique views). Imaging must include complete visualisation of the entirety of all instrumentation in at least 2 views. Contralateral images for comparison. As well as CT or MRI, US
Pathology ESR, CRP, FBE with differential (if applicable)
Special Test EMG-NCS (if applicable)
Occupational or physical hand therapist report
Specialist report Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Medical Standard for all

(including Additional Medical Standard for any history suggestive of:)

May be fit for unrestricted duties if all are true:

- There is no current activity limitation
- Victoria Police Wrist/Hand Functional Assessment is completed and is within normal limits
- Asymptomatic
- Able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation for the next 3 years at a minimum
- Meets the NTC Fitness to Drive Commercial Drivers Standard.

Additional Medical Standard for any history suggestive of....

Carpal tunnel syndrome

- Wrist imaging does not identify any features of concern consisting of one of the following:
 - Xray images (3 views including the AP, lateral and oblique views)
 - US
 - MRI
- EMG-NCS within normal limits
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.



de Quervain's tenosynovitis

- Hand/Wrist imaging do not identify any features of concern consisting of one of the following:
 - Xray images (3 views including the AP, lateral and oblique views)
- EMG-NCS within normal limits (if there is a concern about radiculopathy or neuropathy)
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Ganglion cyst

- Hand/Wrist imaging do not identify any features of concern consisting of the following:
 - Xray images (3 views including the AP, lateral and oblique views)
 - US or MRI
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Trigger finger / stenosing flexor tenosynovitis of the fingers

- Hand imaging does not identify any features of concern consisting of the following:
 - Xray images (3 views including the AP, lateral and oblique views)
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Osteoarthritis of the base of the thumb (1st carpometacarpal joint)

- Hand/wrist imaging do not identify any features of concern consisting of the following:
 - Xray images (3 views including the AP, lateral and Robert's thumb views)
 - EMG-NCS within normal limits (if there is a concern about neuropathy)
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the



inherent requirements of an operational police officer and protective services officer without exacerbation or aggravation.

Dupuytren's disease

- Hand imaging does not identify any features of concern consisting of the following:
 - Xray images (3 views including the AP, lateral and oblique views)
- EMG-NCS within normal limits (if there is a concern about neuropathy)
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Fracture, dislocation, or other tendon injuries of the wrist/hand

- Hand or wrist imaging does not identify any features of concern consisting of the following:
 - Xray images (3 views including the AP, lateral and oblique views).
 - CT, MRI or US
- Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation
- If surgical intervention indicated, meets "surgery" criteria.

Surgery

- Xray images (3 views, including AP, lateral and oblique views). Imaging must include complete visualisation of the entirety of all instrumentation in at least 2 views. Contralateral images for comparison do not reveal any features of concern
- CT, MRI or US does not reveal any features of concern
- No evidence of instrumentation failure, graft collapse, graft subsidence, graft migration or graft extrusion
- No evidence of malunion or non-union
- If surgery has occurred in the past 12 months then the following additional criteria are met:
 - Serum labs (ESR, CRP, CBC with differential) are within normal limits
- EMG-NCS within normal limits (if there is a concern about iatrogenic or compression neuropathy)
- Occupational or physical hand therapist notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Plastic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.



VICTORIA POLICE

Impact on Job Performance

Might impair strength and mobility impacting driving and physical tasks

May limit capacity for offender control

May impede one's ability to keep pace with one's work partner

Risk of sudden incapacitation



Hip

Any physical limitations caused by weakness, pain or decreased mobility. Any injuries or conditions causing a loss of function for a period longer than one week, known congenital abnormalities, and previous surgery.

Treating Doctor / Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician / Physiotherapist

Investigations and Reports for all

History of presenting complaint including circumstances of injury, date of injury / first symptom, diagnosis, any predisposing factors
Symptoms including duration of symptoms, date of last symptom. Nature and severity of symptoms including isolated pain with no apparent functional significance, radicular symptoms, myelopathic symptoms
Functional impact including premorbid, extent and duration of limitations to ADL's, occupational activities and recreational activities. Current physical activity level and limitations.
Presence or absence of recurrence
Victoria Police hip functional assessment form required for <ul style="list-style-type: none">any symptoms lasting longer than 4 weeks in the past 10 yearslonger than 1 week in the past 12 monthsany of the conditions listed under "additional investigations and reports"
Investigation results
Treatment including past medical records, hospital records, physiotherapy notes, procedure notes. Medications used including dose, frequency, side effects. Duration of treatment.

Additional Investigations and Reports for any history suggestive of:

Quadriceps rupture

Imaging Xray images (2-3 views) and MRI
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Osteoarthritis hip

Imaging Xray images (2-3 views)
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician



Osteonecrosis of the femoral head / avascular necrosis

Imaging Xray images (2-3 views) and MRI
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Labral tear in the hip joint

Imaging Xray images (2-3 views) and MRI
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Surgery

Imaging Xray images (2-3 views) which must include complete visualisation of the entirety of all instrumentation in at least 2 views
Pathology ESR, CRP, FBE with differential (if applicable)
Physiotherapist report
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Medical Standard for all

(including Additional Medical Standard for any history suggestive of:)

May be fit for unrestricted duties if all are true:

- There is no current activity limitation
- Victoria Police Hip Functional Assessment is completed and is within normal limits
- Asymptomatic
- Able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation for the next 3 years at a minimum
- Meets the NTC Fitness to Drive Commercial Drivers Standard.

Additional Medical Standard for any history suggestive of:

Quadriceps rupture

- Xray images (2-3 views) and MRI do not identify any features of concern
- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.



Osteoarthritis hip

- Xray images (2-3 views) do not identify any features of concern
- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Osteonecrosis of the femoral head / avascular necrosis

- Xray images (2-3 views) and MRI do not identify any features of concern
- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Labral tear in the hip joint

- Xray images (2-3 views) and MRI do not identify any features of concern
- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Surgery

- Xray images (2-3 views) which must include complete visualisation of the entirety of all instrumentation in at least 2 views show no features of concern, specifically confirming:
 - There is no evidence of infection, implant loosening, periprosthetic osteolysis, periprosthetic fracture, malalignment, instrumentation failure, heterotopic ossification, adverse reaction to metal debris, or total hip arthroplasty wear
 - No evidence of malunion or non-union.
- If surgery has occurred in the past 12 months then the following additional criteria are met:
 - Serum labs (ESR, CRP, FBC with differential) are within normal limits
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Impact on Job Performance

Might impair strength and mobility impacting driving and physical tasks

May limit capacity for offender control



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May impede one's ability to keep pace with one's work partner

Risk of sudden incapacitation



Knee

Any physical limitations caused by weakness, pain or decreased mobility. Any injuries or conditions causing a loss of function for a period longer than one week, known congenital abnormalities, and previous surgery.

Treating Doctor / Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician / Physiotherapist

Investigations and Reports for all

History of presenting complaint including circumstances of injury, date of injury / first symptom, diagnosis, any predisposing factors
Symptoms including duration of symptoms, date of last symptom. Nature and severity of symptoms including isolated pain with no apparent functional significance, radicular symptoms, myelopathic symptoms
Functional impact including premorbid, extent and duration of limitations to ADL's, occupational activities and recreational activities. Current physical activity level and limitations.
Presence or absence of recurrence
Victoria Police knee functional assessment form required for <ul style="list-style-type: none">any symptoms lasting longer than 4 weeks in the past 10 yearslonger than 1 week in the past 12 monthsany of the conditions listed under "additional investigations and reports"
Investigation results
Treatment including past medical records, hospital records, physiotherapy notes, procedure notes. Medications used including dose, frequency, side effects. Duration of treatment.

Additional Investigations and Reports for any history suggestive of:

Knee patellofemoral problems

Imaging Knee x-rays (3 views: lateral, AP, weight-bearing, Merchant "skyline") and/or MRI
Physiotherapy report
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Osteoarthritis knee

Imaging Knee Xray images (2-3 views, weight-bearing)
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician



Internal derangement (loose body, tear of meniscus, ACL or PCL)

Imaging Knee Xray images (at least 2 views) and MRI
Physiotherapy report
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Patellar tendon rupture

Imaging Knee Xray images (2-3 views) and MRI
Physiotherapy report
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Synovial chondromatosis/pigmented villonodular synovitis

Imaging Xray images (2-3 views, weight-bearing) and MRI
Pathology Tissue biopsy results
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Knee effusion

Imaging Xray images (2-3 views, weight-bearing) and MRI
Physiotherapy report
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

Surgery

Imaging Xray knee (2-3 views, weight-bearing) which must include complete visualisation of the entirety of all instrumentation in at least 2 views
Pathology ESR, CRP, FBE with differential (if applicable)
Physiotherapist report
Specialist report Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician

- Xray images (2-3 views) which must include complete visualisation of the entirety of all instrumentation in at least 2 views show no features of concern, specifically confirming:
 - There is no evidence of infection, implant loosening, periprosthetic osteolysis, periprosthetic fracture, malalignment, instrumentation failure, heterotopic ossification, adverse reaction to metal debris, or total hip arthroplasty wear
 - No evidence of malunion or non-union
- If surgery has occurred in the past 12 months then the following additional criteria are met:
 - Serum labs (ESR, CRP, FBC with differential) are within normal limits
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
 -



- Orthopaedic Surgeon, Rheumatologist or Rehabilitation Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Medical Standard for all

(including Additional Medical Standard for any history suggestive of:)

May be fit for unrestricted duties if all are true:

- There is no current activity limitation
- Victoria Police Knee Functional Assessment is completed and is within normal limits
- There is no greater than a 1 cm difference in side-to-side thigh circumferences
 - Please note, this is a suggested measure of rehabilitation outcome where a greater than 1 cm difference can be indicative of successful rehabilitation (or not).
- Asymptomatic
- Able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation for the next 3 years at a minimum
 - Please note, the 3-year minimum is arbitrary and not a mandatory requirement, and more importance is the ability to perform the inherent requirements of an operational general police officer and protective services officer safely and effectively over a foreseeable period
- Meets the NTC Fitness to Drive Commercial Drivers Standard.

Additional Medical Standard for any history suggestive of:

Knee patellofemoral problems

- Knee x-rays (3 views: lateral, AP, weight-bearing, Merchant "skyline") and/or MRI do not identify any features of concern
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Osteoarthritis knee

- Knee Xray images (2-3 views, weight-bearing) do not identify any features of concern
- Physiotherapy notes demonstrate successful completion of full rehabilitation program



- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Internal derangement (loose body, tear of meniscus, ACL or PCL)

- Knee brace is not required for any activity
- Knee Xray images (at least 2 views) and MRI do not identify any features of concern
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Patellar tendon rupture

- Knee Xray images (2-3 views) and MRI do not identify any features of concern
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Synovial chondromatosis/pigmented villonodular synovitis

- Knee Xray images (2-3 views, weight-bearing) and MRI do not identify any features of concern
- Tissue biopsy results do not identify any features of concern
- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Knee effusion

- Knee Xray images (2-3 views, weight-bearing) and MRI do not identify any features of concern
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Surgery

- Knee Xray images (2-3 views, weight-bearing) and MRI do not identify any features of concern, specifically confirming:



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- There is no evidence of infection, implant loosening, periprosthetic osteolysis, periprosthetic fracture, malalignment, instrumentation failure, heterotopic ossification, adverse reaction to metal debris, or total knee arthroplasty wear
 - No evidence of malunion or non-union.
- If surgery has occurred in the past 12 months then the following additional criteria are met:
 - Serum labs (ESR, CRP, FBC with differential) are within normal limits
- Physiotherapy notes demonstrate successful completion of full rehabilitation program
- Orthopaedic Surgeon / Rheumatologist / Rehabilitation Physician / Sports Physician's opinion that they are able to safely and effectively perform the inherent requirements of an operational general police officer and protective services officer without exacerbation or aggravation.

Impact on Job Performance

Might impair strength and mobility impacting driving and physical tasks

May limit capacity for offender control

May impede one's ability to keep pace with one's work partner

Risk of sudden incapacitation