



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
CERVICAL SPONDYLOSIS
(Reasonable Hypothesis)
(No. 11 of 2023)

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

Dated 27 February 2023

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

Professor Terence Campbell AM
Chairperson

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1 Name

This is the Statement of Principles concerning *cervical spondylosis (Reasonable Hypothesis)* (No. 11 of 2023).

2 Commencement

This instrument commences on 27 March 2023.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning cervical spondylosis No. 66 of 2014 (Federal Register of Legislation No. F2014L00928) made under subsections 196B(2) of the VEA is repealed.

5 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.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

(1) This Statement of Principles is about cervical spondylosis and death from cervical spondylosis.

(2) This Statement of Principles applies to cervical spondylosis that has been diagnosed on the basis of:

(a) clinical manifestations of local pain and stiffness, or symptoms and signs of cervical cord or cervical nerve root compression; and

(b) imaging evidence of degenerative change, including disc space narrowing or osteophytes.

Note: *imaging evidence of degenerative change* is defined in the Schedule 1 Dictionary. It will usually be the case that the date of the imaging evidence of degenerative change is after the date of clinical onset.

(3) For the purposes of this Statement of Principles "*cervical spondylosis*" means a degenerative joint disorder affecting the cervical vertebrae or

intervertebral discs including spondylosis at the cervicothoracic junction.

- (4) The definition of cervical spondylosis given at subsection (3) excludes diffuse idiopathic skeletal hyperostosis and bulging of an intervertebral disc in the absence of other signs of disc degeneration.
- (5) Other commonly associated features of cervical spondylosis include facet joint arthritis, bone hypertrophy and spinal stenosis.
- (6) cervical spondylosis attracts ICD-10-AM codes M47.01, M47.02, M47.03, M47.11, M47.12, M47.13, M47.21, M47.22, M47.23, M47.81, M47.82, M47.83, M47.91, M47.92, M47.93 or M50.3, in applying this Statement of Principles the meaning of cervical spondylosis is that given in subsection (3).
- (7) In this Statement of Principles, the definition of "*cervical spondylosis*" is that given at subsection (3).
- (8) For subsection (6), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*, Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from cervical spondylosis

- (9) For the purposes of this Statement of Principles, cervical spondylosis, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's cervical spondylosis.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that cervical spondylosis and death from cervical spondylosis 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.

9 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 cervical spondylosis or death from cervical spondylosis with the circumstances of a person's relevant service:

- (1) being a prisoner of war before the clinical onset of cervical spondylosis;
- (2) having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the cervical spine before the clinical onset of cervical spondylosis;
 Note: *specified list of inflammatory joint diseases* is defined in the Schedule 1 - Dictionary.
- (3) having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical onset of cervical spondylosis;
- (4) having an intra-articular fracture of the spine, at the level of, or adjacent to, the affected joint, at least 6 months before the clinical onset of cervical spondylosis;
- (5) having a spinal condition from the specified list of spinal conditions, affecting the cervical spine for at least the 6 months before the clinical onset of cervical spondylosis;
 Note: *specified list of spinal conditions* is defined in the Schedule 1 - Dictionary.
- (6) having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical onset of cervical spondylosis;
 Note: *spinal fusion* is defined in the Schedule 1 - Dictionary.
- (7) having a depositional joint disease from the specified list of depositional joint diseases, in the cervical spine before the clinical onset of cervical spondylosis;
 Note: *specified list of depositional joint diseases* is defined in the Schedule 1 – Dictionary.
- (8) having trauma to the cervical spine at least 6 months before the clinical onset of cervical spondylosis, and where the trauma to the cervical spine occurred within the 20 years before the clinical onset of cervical spondylosis;
 Note: *trauma to the cervical spine* is defined in the Schedule 1 - Dictionary.
- (9) having a penetrating injury to an intervertebral disc before the clinical onset of cervical spondylosis at the level of, or adjacent to, the intervertebral disc injury;
 Note: *penetrating injury to an intervertebral disc* is defined in the Schedule 1 - Dictionary.
- (10) having a cervical intervertebral disc prolapse at least 6 months before the clinical onset of cervical spondylosis at the level of the intervertebral disc prolapse;
- (11) carrying loads of at least 15 kilograms on the head while upright to a cumulative total of at least 5,000 hours within any 10 year period before the clinical onset of cervical spondylosis;

- (12) carrying a large bulky load of at least 15 kilograms positioned between the neck and shoulder to a cumulative total of at least 5,000 hours within any 10 year period before the clinical onset of cervical spondylosis;
- (13) flying in high performance aircraft for a cumulative total of at least 500 hours within the 25 years before the clinical onset of cervical spondylosis;
- Note: *high performance aircraft* is defined in the Schedule 1 - Dictionary.
- (14) piloting a helicopter for a cumulative total of at least 500 hours within the 25 years before the clinical onset of cervical spondylosis;
- (15) being obese for at least 10 years before the clinical onset of cervical spondylosis;
- Note: *being obese* is defined in the Schedule 1 – Dictionary.
- (16) having acromegaly involving the cervical spine before the clinical onset of cervical spondylosis;
- Note: *acromegaly* is defined in the Schedule 1 - Dictionary.
- (17) having Paget's disease of bone involving the cervical spine before the clinical onset of cervical spondylosis;
- (18) being a prisoner of war before the clinical worsening of cervical spondylosis;
- (19) having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the cervical spine before the clinical worsening of cervical spondylosis;
- Note: *specified list of inflammatory joint diseases* is defined in the Schedule 1 - Dictionary.
- (20) having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical worsening of cervical spondylosis;
- (21) having an intra-articular fracture of the spine, at the level of, or adjacent to, the affected joint, at least 6 months before the clinical worsening of cervical spondylosis;
- (22) having a spinal condition from the specified list of spinal conditions, affecting the cervical spine for at least the 6 months before the clinical worsening of cervical spondylosis;
- Note: *specified list of spinal conditions* is defined in the Schedule 1 - Dictionary.
- (23) having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical worsening of cervical spondylosis;

Note: *spinal fusion* is defined in the Schedule 1 - Dictionary.

- (24) having a depositional joint disease from the specified list of depositional joint diseases, in the cervical spine before the clinical worsening of cervical spondylosis;
- Note: *specified list of depositional joint diseases* is defined in the Schedule 1 – Dictionary.
- (25) having trauma to the cervical spine at least 6 months before the clinical worsening of cervical spondylosis, and where the trauma to the cervical spine occurred within the 20 years before the clinical worsening of cervical spondylosis;
- Note: *trauma to the cervical spine* is defined in the Schedule 1 - Dictionary.
- (26) having a penetrating injury to an intervertebral disc before the clinical worsening of cervical spondylosis at the level of, or adjacent to, the intervertebral disc injury;
- Note: *penetrating injury to an intervertebral disc* is defined in the Schedule 1 - Dictionary.
- (27) having a cervical intervertebral disc prolapse at least 6 months before the clinical worsening of cervical spondylosis at the level of the intervertebral disc prolapse;
- (28) carrying loads of at least 15 kilograms on the head while upright to a cumulative total of at least 5,000 hours within any 10 year period before the clinical worsening of cervical spondylosis;
- (29) carrying a large bulky load of at least 15 kilograms positioned between the neck and shoulder to a cumulative total of at least 5,000 hours within any 10 year period before the clinical worsening of cervical spondylosis;
- (30) flying in high performance aircraft for a cumulative total of at least 500 hours within the 25 years before the clinical worsening of cervical spondylosis;
- Note: *high performance aircraft* is defined in the Schedule 1 - Dictionary.
- (31) piloting a helicopter for a cumulative total of at least 500 hours within the 25 years before the clinical worsening of cervical spondylosis;
- (32) being obese for at least 10 years before the clinical worsening of cervical spondylosis;
- Note: *being obese* is defined in the Schedule 1 – Dictionary.
- (33) having acromegaly involving the cervical spine before the clinical worsening of cervical spondylosis;
- Note: *acromegaly* is defined in the Schedule 1 - Dictionary.
- (34) having Paget's disease of bone involving the cervical spine before the clinical worsening of cervical spondylosis;
- (35) inability to obtain appropriate clinical management for cervical spondylosis.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 9(18) to 9(35) apply only to material contribution to, or aggravation of, cervical spondylosis where the person's cervical spondylosis was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 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 9 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 6

1 Definitions

In this instrument:

acromegaly means a chronic disease of adults resulting from excess production of growth hormone after closure of the epiphyses.

being obese means having a Body Mass Index (BMI) of 30 or greater.

Note: ***BMI*** is also defined in the Schedule 1 - Dictionary.

BMI means W/H^2 where:

- (a) W is the person's weight in kilograms; and
- (b) H is the person's height in metres.

cervical spondylosis—see subsection 7(3).

clinical onset means the point backwards in time from the first date of imaging confirming cervical spondylosis, to the date at which the symptoms of cervical spondylosis were persistently present, as assessed by a registered medical practitioner.

high performance aircraft means an aircraft capable of routinely producing an acceleration of at least 4g ($4 \times 9.8 \text{ m/s}^2$).

imaging evidence of degenerative change means an image of the interior of a body obtained by medical techniques, including X-ray radiography or magnetic resonance imaging, showing prior degenerative change that is usually obtained at a date after the date of clinical onset of the disease.

Note: ***clinical onset*** is defined in the Schedule 1 – Dictionary.

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

penetrating injury to an intervertebral disc means piercing of an intervertebral disc by an object such as a bullet, shell fragment, knife or needle.

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.

specified list of depositional joint diseases means:

- (a) alkaptonuria (also known as ochronosis);
- (b) calcium pyrophosphate dihydrate deposition disease (also known as pseudogout);

- (c) gout;
- (d) haemochromatosis; or
- (e) Wilson's disease.

specified list of inflammatory joint diseases means:

- (a) ankylosing spondylitis;
- (b) arthritis associated with inflammatory bowel disease;
- (c) psoriatic arthritis;
- (d) reactive arthritis; or
- (e) rheumatoid arthritis.

specified list of spinal conditions means:

- (a) deformity of a joint of a vertebra;
- (b) deformity of a vertebra;
- (c) scoliosis; or
- (d) spondylolisthesis.

spinal fusion means surgery to permanently connect two or more adjacent vertebrae in the spine, eliminating motion between them.

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.

trauma to the cervical spine means a discrete event involving the application of significant physical force to the cervical spine that causes:

- (a) damage to the cervical spine; and
- (b) the development within 24 hours of the event occurring, of symptoms and signs of pain and tenderness and either altered mobility or range of movement of the cervical spine. In the case of sustained unconsciousness or the masking of pain by analgesic medication, these symptoms and signs must appear on return to consciousness or the withdrawal of the analgesic medication; and
- (c) the persistence of these symptoms and signs for a period of at least 7 days following their onset, save for where medical intervention for the trauma to the cervical spine has occurred and that medical intervention involves one of the following:
 - (i) immobilisation of the cervical spine by splinting, or similar external agent;
 - (ii) injection of a corticosteroid or local anaesthetic into the cervical spine; or
 - (iii) surgery to the cervical spine.

VEA means the *Veterans' Entitlements Act 1986*.