

Revocation and Determination
of
Statement of Principles
concerning
THORACIC SPONDYLOSIS

ICD-10-AM CODES:
M47.14, M47.15, M47.24, M47.25,
M47.84, M47.85, M47.94, M47.95, M51.3

Veterans' Entitlements Act 1986

1. The Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act):
 - (a) revokes Instrument No.29 of 1999; and
 - (b) determines in its place the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about **thoracic spondylosis** and **death from thoracic spondylosis**.
- (b) For the purposes of this Statement of Principles, “**thoracic spondylosis**” means degenerative changes affecting the thoracic vertebrae or intervertebral discs, causing local pain and stiffness or symptoms and signs of thoracic cord or thoracic nerve root compression, but excludes diffuse idiopathic skeletal hyperostosis. Thoracic spondylosis attracts ICD-10-AM code M47.14, M47.15, M47.24, M47.25, M47.84, M47.85, M47.94, M47.95 or M51.3.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **thoracic spondylosis** and **death from thoracic spondylosis** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

Factors that must be related to service

4. Subject to clause 6, at least one of the factors set out in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **thoracic spondylosis** or **death from thoracic spondylosis** with the circumstances of a person's relevant service are:
 - (a) being a prisoner of war before the clinical onset of thoracic spondylosis; or
 - (b) suffering inflammatory joint disease in the thoracic spine before the clinical onset of thoracic spondylosis; or
 - (c) suffering from septic arthritis in the thoracic spine before the clinical onset of thoracic spondylosis; or
 - (d) suffering an intra-articular fracture of the thoracic spine before the clinical onset of thoracic spondylosis; or
 - (e) having disordered joint mechanics affecting the thoracic spine before the clinical onset of thoracic spondylosis; or
 - (f) suffering from a depositional joint disease in the thoracic spine before the clinical onset of thoracic spondylosis; or
 - (g) suffering from permanent ligamentous instability of the thoracic spine before the clinical onset of thoracic spondylosis; or
 - (h) suffering a trauma to the thoracic spine before the clinical onset of thoracic spondylosis; or
 - (i) suffering a thoracic intervertebral disc prolapse before the clinical onset of thoracic spondylosis at the level of the intervertebral disc prolapse; or

- (j) manually lifting or carrying loads of at least 25 kg while weight bearing to a cumulative total of 120 000 kg within any 10 year period, before the clinical onset of thoracic spondylosis; or
- (k) repetitive or persistent flexion, extension or twisting of the thoracic spine for at least one hour each day on more days than not for at least 10 years before the clinical onset of thoracic spondylosis; or
- (l) being exposed, whilst flying in an aircraft, to positive G forces of two or more,
 - (i) which exposure causes the development within 24 hours, of symptoms and signs of pain, and tenderness, and either altered mobility or range of movement of the thoracic spine; and
 - (ii) these symptoms and signs must last for a period of at least seven days following their onset; save for where medical intervention has occurred, where that medical intervention involves either:
 - (a) immobilisation of the thoracic spine by splinting, or similar external agent; or
 - (b) injection of corticosteroids or local anaesthetics into the thoracic spine; or
 - (c) surgery to the thoracic spinebefore the clinical onset of thoracic spondylosis; or
- (m) flying in high performance aircraft for a cumulative total of 500 hours within any 10 year period before the clinical onset of thoracic spondylosis; or
- (n) being obese for at least 10 years before the clinical onset of thoracic spondylosis; or
- (o) suffering inflammatory joint disease in the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (p) suffering from septic arthritis in the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (q) suffering an intra-articular fracture of the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (r) having disordered joint mechanics affecting the thoracic spine before the clinical worsening of thoracic spondylosis; or

- (s) suffering from a depositional joint disease in the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (t) suffering from permanent ligamentous instability of the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (u) suffering a trauma to the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (v) suffering a thoracic intervertebral disc prolapse before the clinical worsening of thoracic spondylosis at the level of the intervertebral disc prolapse; or
- (w) manually lifting or carrying loads of at least 25 kg while weight bearing to a cumulative total of 120 000 kg within any 10 year period, before the clinical worsening of thoracic spondylosis; or
- (x) repetitive or persistent flexion, extension or twisting of the thoracic spine for at least one hour each day on more days than not for at least 10 years before the clinical worsening of thoracic spondylosis; or
- (y) being exposed, whilst flying in an aircraft, to positive G forces of two or more,
 - (i) which exposure causes the development within 24 hours, of symptoms and signs of pain, and tenderness, and either altered mobility or range of movement of the thoracic spine; and
 - (ii) these symptoms and signs must last for a period of at least seven days following their onset; save for where medical intervention has occurred, where that medical intervention involves either:
 - (a) immobilisation of the thoracic spine by splinting, or similar external agent; or
 - (b) injection of corticosteroids or local anaesthetics into the thoracic spine; or
 - (c) surgery to the thoracic spinebefore the clinical worsening of thoracic spondylosis; or
- (z) flying in high performance aircraft for a cumulative total of 500 hours within any 10 year period before the clinical worsening of thoracic spondylosis; or

- (za) being obese for at least 10 years before the clinical worsening of thoracic spondylosis.

Factors that apply only to material contribution or aggravation

- 6. Paragraphs **5(o) to 5(za)** apply only to material contribution to, or aggravation of, thoracic spondylosis where the person's thoracic spondylosis was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

Inclusion of Statements of Principles

- 7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

Other definitions

- 8. For the purposes of this Statement of Principles:

“being obese” means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 30 or greater.

The $BMI = W/H^2$ and where:

W is the person's weight in kilograms and

H is the person's height in metres;

“death from thoracic spondylosis” in relation to a person includes death from a terminal event or condition that was contributed to by the person's thoracic spondylosis;

“depositional joint disease” means gout, pseudogout, haemochromatosis, Wilson's disease or ochronosis;

“disordered joint mechanics” means maldistribution of loading forces on the thoracic spine that has resulted from:

- (a) scoliosis, or
- (b) loss or enhancement of the normal anterioposterior curvature of the vertebral column, or
- (c) spondylolisthesis, or
- (d) retrospondylolisthesis, or
- (e) a deformity of a vertebra, or
- (f) a deformity of a joint of a vertebra, or
- (g) necrosis of bone;

“G force” means the ratio of the applied acceleration of the aircraft to the acceleration due to gravity, for example, $2G = 2 \times 9.81\text{m/s}^2$;

“high performance aircraft” means an aircraft capable of routinely sustaining at least two positive G forces and since World War II, in the operation of which, the crew are required to wear anti-G protective clothing;

“ICD-10-AM code” means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), Second Edition, effective date of 1 July 2000, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 271 3. Where in this Statement of Principles an ICD code is referenced, such reference is not to constrain or limit the proper meaning of the definition or words preceding the alphanumeric code reference

“inflammatory joint disease” means rheumatoid arthritis, Reiter’s syndrome, psoriatic arthritis, ankylosing spondylitis, or arthritis associated with Crohn’s disease or ulcerative colitis;

“intra-articular fracture” means a fracture involving the articular surface of a joint;

“permanent ligamentous instability” means continuing or recurring abnormal mobility and instability of the thoracic spine which is characterised by the regular recurrence of episodes of pain and/or tenderness affecting the thoracic spine;

“relevant service” means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service;

“septic arthritis” means the bacterial infection of a joint resulting in inflammation within that joint;

“terminal event” means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function;

“trauma to the thoracic spine” means a discrete injury to the thoracic spine that causes the development, within 24 hours of the injury being sustained, of symptoms and signs of pain, and tenderness, and either altered mobility or range of movement of the thoracic spine. These symptoms and signs must last for a period of at least seven days following their onset; save for where medical intervention for the trauma to the thoracic spine has occurred, where that medical intervention involves either:

- (a) immobilisation of the thoracic spine by splinting, or similar external agent; or
- (b) injection of corticosteroids or local anaesthetics into the thoracic spine; or
- (c) surgery to the thoracic spine.

Application

- 9. This Instrument applies to all matters to which section 120A of the Act applied.

Dated this *Fourth* day of *June* 2002

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of:)

KEN DONALD
CHAIRMAN