1. Being of the view that there is sound medical-scientific evidence that indicates that thoracic spondylosis and death from thoracic spondylosis can be related to operational service rendered by veterans, peacekeeping service rendered by members of Peacekeeping forces and hazardous service rendered by members of the Forces, the Repatriation Medical Authority determines, under subsection 196B(2) of the Veterans’ Entitlements Act 1986, that 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 that service, are:

(a) having been a prisoner of war; or

(b) contracting a significant inflammatory joint disease in the thoracic spine before the clinical onset of thoracic spondylosis; or

(c) suffering an intra-articular fracture of the thoracic spine before the clinical onset of thoracic spondylosis; or

(d) having a malalignment of the relevant joint before the clinical onset of thoracic spondylosis; or
(e) suffering a depositional joint disease in the relevant joint before the clinical onset of thoracic spondylosis; or

(f) suffering a trauma to the relevant joint which has resulted in permanent ligamentous instability before the clinical onset of thoracic spondylosis; or

(g) suffering a trauma to the relevant joint which has resulted in permanent ligamentous instability prior to the clinical worsening of thoracic spondylosis.

2. Subject to clause 3 (below) at least one of the factors set out in paragraphs 1(a) to 1(g) must be related to any service rendered by a person.

3. The factor set out in paragraph 1(g) applies only where:

(a) the person’s thoracic spondylosis was contracted prior to a period, or part of a period, of service to which the factor is related; and

(b) the relationship suggested between the thoracic spondylosis and the particular service of a person is a relationship set out in paragraph 8(1)(e), 9(1)(e), 70(5)(d), or 70(5A)(d) of the Act.

4. For the purposes of this Statement of Principles:

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

“ICD code” means a number assigned to a particular kind of injury or disease in the tenth edition of the International Classification of Diseases 9th Revision, effective date of 1 October 1993, copyrighted by the US Commission on Professional and Hospital Activities, and having the Library of Congress number 77-94472;

“inflammatory joint disease” means a disease affecting a joint or joints where there is swelling, inflammation and pain that persisted for at least five days;

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

“malalignment” means the displacement out of line resulting as the effect of underlying muscle weakness, deformity of other joints, joint dysplasia or disparate leg length;
“Thoracic spondylosis” means degenerative changes in the thoracic spine, including changes in the vertebral body, the intervertebral disc, the ligamentum flavum, the zygapophyseal joints, the vertebral joints, and the other ligamentous structures of the thoracic spine, attracting ICD code 721.2, 721.41, 722.51, 722.72 or 722.92.

Dated this day of 1995

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

KEN DONALD
CHAIRMAN