

## Revocation and Determination

of

## Statement of Principles concerning

# CERVICAL SPONDYLOSIS

ICD-9-CM CODES: 721.0, 721.1, 722.4

*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.56 of 1998; 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 **cervical spondylosis and death from cervical spondylosis**.
  - (b) For the purposes of this Statement of Principles, “**cervical spondylosis**” means degenerative changes affecting the cervical vertebrae and/or intervertebral discs, causing local pain and stiffness and/or symptoms and signs of cervical cord or cervical nerve root compression, attracting ICD-9-CM code 721.0, 721.1 or 722.4.

### **Basis for determining the factors**

3. 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.

### **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 **cervical spondylosis** or **death from cervical spondylosis** with the circumstances of a person's relevant service are:
  - (a) having been a prisoner of war; or
  - (b) suffering inflammatory joint disease in the cervical spine before the clinical onset of cervical spondylosis; or
  - (c) suffering from septic arthritis in the cervical spine before the clinical onset of cervical spondylosis; or
  - (d) suffering an intra-articular fracture of the cervical spine before the clinical onset of cervical spondylosis; or
  - (e) having a malalignment of the cervical spine before the clinical onset of cervical spondylosis; or
  - (f) suffering a depositional joint disease in the cervical spine before the clinical onset of cervical spondylosis; or
  - (g) suffering from permanent ligamentous instability of the cervical spine before the clinical onset of cervical spondylosis; or
  - (h) suffering a trauma to the cervical spine before the clinical onset of cervical spondylosis; or
  - (j) suffering a cervical intervertebral disc prolapse before the clinical onset of cervical spondylosis at the level of the intervertebral disc prolapse; or
  - (k) 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 acute symptoms and signs of pain, tenderness and altered mobility or range of movement of the cervical spine; and

- (ii) these acute symptoms and signs must last for a period of at least seven days,

before the clinical onset of cervical spondylosis; or

- (m) suffering inflammatory joint disease in the cervical spine before the clinical worsening of cervical spondylosis; or
- (n) suffering from septic arthritis in the cervical spine before the clinical worsening of cervical spondylosis; or
- (o) suffering an intra-articular fracture of the cervical spine before the clinical worsening of cervical spondylosis; or
- (p) having a malalignment of the cervical spine before the clinical worsening of cervical spondylosis; or
- (q) suffering a depositional joint disease in the cervical spine before the clinical worsening of cervical spondylosis; or
- (r) suffering from permanent ligamentous instability of the cervical spine before the clinical worsening of cervical spondylosis; or
- (s) suffering a trauma to the cervical spine before the clinical worsening of cervical spondylosis; or
- (t) suffering a cervical intervertebral disc prolapse before the clinical worsening of cervical spondylosis at the level of the intervertebral disc prolapse; or
- (u) 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 acute symptoms and signs of pain, tenderness and altered mobility or range of movement of the cervical spine; and
  - (ii) these acute symptoms and signs must last for a period of at least seven days,

before the clinical worsening of cervical spondylosis.

### **Factors that apply only to material contribution or aggravation**

- 6. Paragraphs 5(m) to 5(u) 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 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:

**“death from 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;

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

**“G force”** means the ratio of the applied acceleration of the aircraft to the acceleration due to gravity, for example, 2G = 2 x 9.81m/s<sup>2</sup>;

**“ICD-9-CM code”** means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

**“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;

**“intervertebral disc prolapse”** means protrusion, herniation or rupture of an intervertebral disc of the cervical, thoracic or lumbar spine, causing local pain and stiffness. In the case of cervical disc prolapse, symptoms may include pain and paraesthesia radiating into the upper limbs;

**“malalignment”** means the presence of significant displacement out of line resulting from the effect of underlying muscle weakness, deformity of other joints, joint dysplasia or disparate leg length;

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

**“relevant service”** means:

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

**“septic arthritis”** means the infection of a joint or joints by an organism, usually although not exclusively bacterial, and resultant inflammation within the involved joint/s;

**“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 cervical spine”** means a discrete injury to the cervical spine that causes the development, within 24 hours of the injury being sustained, of acute symptoms and signs of pain and tenderness, and either altered mobility or range of movement of the cervical spine. These acute 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 cervical spine has occurred, where that medical intervention involves either:

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

## **Application**

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

Dated this *Twenty-fifth* day of *February*  
1999

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

KEN DONALD  
CHAIRMAN