

Statement of Principles
concerning

**SPONDYLOLISTHESIS AND
SPONDYLOLYSIS**

No. 5 of 2006

for the purposes of the

Veterans' Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning spondylolisthesis and spondylolysis No. 5 of 2006.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 15 of 1997; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **spondylolisthesis and spondylolysis** and **death from spondylolisthesis and spondylolysis**.
 - (b) For the purposes of this Statement of Principles:

“spondylolisthesis” means forward displacement of one vertebra over another; and

“spondylolysis” means a defect or fracture, unilateral or bilateral, involving the pars interarticularis of a vertebra. The pars

interarticularis is that part of the vertebral arch that extends between the superior and inferior articular processes.

- (c) Spondylolisthesis attracts ICD codes M43.1, Q76.21; and spondylolysis attracts ICD-10-AM codes M43.0, Q76.22.
- (d) In the application of this Statement of Principles, the definition of “**spondylolisthesis and spondylolysis**” is that given at paragraph 3(b) above.

Basis for determining the factors

- 4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **spondylolisthesis and spondylolysis** and **death from spondylolisthesis and spondylolysis** 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 *Military Rehabilitation and Compensation Act 2004* (the MRCA).

Factors that must be related to service

- 5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

- 6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **spondylolisthesis and spondylolysis** or **death from spondylolisthesis and spondylolysis** with the circumstances of a person’s relevant service is:
 - (a) experiencing a high impact trauma to the spine resulting in an acute fracture of the vertebral arch or dislocation of the involved vertebra within the six weeks before the clinical onset of spondylolisthesis or spondylolysis; or
 - (b) for persons less than 25 years of age with lumbar spondylolysis or lumbar spondylolytic spondylolisthesis only, engaging in competitive sport that requires repetitive and forceful hyperextension, torsion or rotation against resistance of the lumbar spine for an average period of at least ten hours per week for the six months before the clinical onset of spondylolisthesis or spondylolysis; or
 - (c) for lumbar spondylolysis or lumbar spondylolytic spondylolisthesis only, having undergone a posterior lumbar

spinal fusion of a segment of adjoining vertebrae, before the clinical onset of spondylolisthesis or spondylolysis; or

- (d) for the lumbar spine only, having undergone posterior spinal decompression surgery, at the level of the involved vertebra, before the clinical onset of spondylolisthesis or spondylolysis; or
- (e) for degenerative lumbar spondylolisthesis only, having lumbar spondylosis affecting the vertebral facet joints, at the level of the involved vertebra, before the clinical onset of spondylolisthesis or spondylolysis; or
- (f) having a destructive bone lesion, involving the affected vertebra, at the time of the clinical onset of spondylolisthesis or spondylolysis; or
- (g) for cervical spondylolisthesis only, having rheumatoid arthritis affecting the cervical spine at the time of the clinical onset of spondylolisthesis or spondylolysis; or
- (h) experiencing a high impact trauma to the spine resulting in an acute fracture of the vertebral arch or dislocation of the involved vertebra within the six weeks before the clinical worsening of spondylolisthesis or spondylolysis; or
- (i) for the lumbar spine only, having undergone posterior spinal decompression surgery, at the level of the involved vertebra, within the ten years before the clinical worsening of spondylolisthesis or spondylolysis; or
- (j) having a destructive bone lesion, involving the affected vertebra, at the time of the clinical worsening of spondylolisthesis or spondylolysis; or
- (k) inability to obtain appropriate clinical management for spondylolisthesis or spondylolysis in the presence of the following:
 - (i) acute traumatic spondylolisthesis or spondylolysis; or
 - (ii) neurological manifestations; or
 - (iii) severe progressive symptoms warranting surgical intervention.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(h) to 6(k)** apply only to material contribution to, or aggravation of, spondylolisthesis or spondylolysis where the person's

spondylolisthesis or spondylolysis was suffered or contracted before or during (but not arising out of) the person's relevant service.

Inclusion of Statements of Principles

8. 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 as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

“acute traumatic spondylolisthesis or spondylolysis” means spondylolisthesis or spondylolysis arising as the direct result of a severe, high energy trauma to the spine;

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

“degenerative lumbar spondylolisthesis” means forward displacement of a lumbar vertebra, in the presence of osteoarthritis of the facet joints formed by the involved vertebra and the subjacent one, and in the absence of a defect or fracture through the arch of the involved vertebra;

“destructive bone lesion” means lytic or erosive lesion of the bone resulting from pathology such as benign and malignant tumours, tuberculosis or osteomyelitis;

“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), Fourth Edition, effective date of 1 July 2004, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 594 1;

“posterior lumbar spinal fusion” means surgical procedure involving immobilisation of the posterior elements, particularly the spinous processes, of two or more lumbar vertebrae, by the use of bone grafting, in the absence of immobilisation of the lateral elements, particularly the transverse processes, of the same vertebrae. This definition specifically excludes posterolateral lumbar spinal fusion;

“posterior spinal decompression surgery” means a surgical procedure involving the removal of the posterior elements of the spine such as laminectomy, laminotomy or facetectomy;

“relevant service” means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

“spondylolytic spondylolisthesis” means spondylolisthesis which develops secondary to spondylolysis;

“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.

Application

- 10.** This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

- 11.** This Instrument takes effect from 8 March 2006.

Dated this *twenty-third* day of *February*
2006

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

KEN DONALD
CHAIRPERSON