

Statement of Principles

concerning

SCHEUERMANN'S DISEASE  
(Reasonable Hypothesis)

(No. 75 of 2016)

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

Dated 26 August 2016

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



Professor Nicholas Saunders AO

Chairperson

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1 Definitions 6

1. Name

This is the Statement of Principles concerning *Scheuermann's disease* *(Reasonable Hypothesis)* (No. 75 of 2016).

1. Commencement

This instrument commences on 26 September 2016.

1. Authority

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

1. 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.

1. Definitions

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

1. Kind of injury, disease or death to which this Statement of Principles relates
   1. This Statement of Principles is about Scheuermann's disease and death from Scheuermann's disease.

Meaning of **Scheuermann's disease**

* 1. For the purposes of this Statement of Principles, Scheuermann's disease (also known as juvenile osteochondrosis of the spine) means:
     1. a disease of children and adolescents involving necrosis and regeneration in the growth centres of the thoracic or thoracolumbar vertebrae. It is characterised by a rigid hyperkyphosis due to anterior wedging of at least 5° in one or more consecutive vertebrae. This condition may be accompanied by back pain and, in severe cases, respiratory or neurological complications; and
     2. excludes postural kyphosis.
  2. While Scheuermann's disease attracts ICD‑10‑AM code M42.0, in applying this Statement of Principles the meaning of Scheuermann's disease is that given in subsection (2).
  3. For subsection (3), a reference to an ICD‑10‑AM codeis 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), Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978‑1‑76007‑020‑5.

Death from **Scheuermann's disease**

* 1. For the purposes of this Statement of Principles, Scheuermann's disease,in relation to a person, includes death from a terminal event or condition that was contributed to by the person's Scheuermann's disease.

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

1. Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical‑scientific evidence that indicates that Scheuermann's disease and death from Scheuermann's disease 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: ***relevant service*** is defined in the Schedule 1 – Dictionary.

1. 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 Scheuermann's disease or death from Scheuermann's disease with the circumstances of a person's relevant service:

* 1. engaging in strenuous physical activity for the five years before the clinical worsening of Scheuermann's disease;

Note: ***strenuous physical activity*** is defined in the Schedule 1 - Dictionary.

* 1. inability to obtain appropriate clinical management for Scheuermann's disease.

1. Relationship to service
   1. The existence in a person of any factor referred to in section 8, must be related to the relevant service rendered by the person.
   2. The factors set out in subsections 8(1) and 8(2) apply only to material contribution to, or aggravation of, Scheuermann's disease where the person's Scheuermann's disease was suffered or contracted before or during (but did not arise out of) the person's relevant service.
2. 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 8 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 5

1. Definitions
   1. In this instrument:
      1. ***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.
      2. ***relevant service*** means:
         1. operational service under the VEA;
         2. peacekeeping service under the VEA;
         3. hazardous service under the VEA;
         4. British nuclear test defence service under the VEA;
         5. warlike service under the MRCA; or
         6. non-warlike service under the MRCA.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

* + 1. ***Scheuermann's disease***—see subsection 6(2).
    2. ***strenuous physical activity*** means physical activity equivalent to that undertaken by elite level athletes training and competing in sports such as weightlifting, wrestling, rugby, skiing, gymnastics, rowing or swimming, where torsion, force or load is applied against the resistance of the spine.
    3. ***terminal event*** means the proximate or ultimate cause of death and includes the following:
       1. pneumonia;
       2. respiratory failure;
       3. cardiac arrest;
       4. circulatory failure; or
       5. cessation of brain function.
    4. ***VEA*** means the *Veterans' Entitlements Act 1986*.