



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**BENIGN PAROXYSMAL POSITIONAL**  
**VERTIGO**  
**(Reasonable Hypothesis)**  
**(No. 56 of 2017)**

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

Dated 18 August 2017

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

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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## **1 Name**

This is the Statement of Principles concerning *benign paroxysmal positional vertigo (Reasonable Hypothesis)* (No. 56 of 2017).

## **2 Commencement**

This instrument commences on 18 September 2017.

## **3 Authority**

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

## **4 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.

## **5 Definitions**

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

## **6 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about benign paroxysmal positional vertigo and death from benign paroxysmal positional vertigo.

### *Meaning of **benign paroxysmal positional vertigo***

- (2) For the purposes of this Statement of Principles, benign paroxysmal positional vertigo means recurrent episodes of vertigo lasting less than one minute that are provoked by specific types of head movements, together with the observation of nystagmus during a provoking manoeuvre or evidence of response to treatment with repositioning manoeuvres.
- (3) While benign paroxysmal positional vertigo attracts ICD-10-AM code H81.1, in applying this Statement of Principles the meaning of benign paroxysmal positional vertigo is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is 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 **benign paroxysmal positional vertigo***

- (5) For the purposes of this Statement of Principles, benign paroxysmal positional vertigo, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's benign paroxysmal positional vertigo.

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

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

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that benign paroxysmal positional vertigo and death from benign paroxysmal positional vertigo 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.

## **8 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 benign paroxysmal positional vertigo or death from benign paroxysmal positional vertigo with the circumstances of a person's relevant service:

- (1) having trauma involving the head or the head and neck within the 30 days before the clinical onset of benign paroxysmal positional vertigo;

Note: Types of trauma include the head being struck by an object, the head striking an object or the head undergoing jolting movements.

- (2) having surgery to the head or neck, including dental surgery, where that surgery involves transmission of vibration or percussive forces to the inner ear, in the three months before the clinical onset of benign paroxysmal positional vertigo;
- (3) having cochlear implantation surgery in the three years before the clinical onset of benign paroxysmal positional vertigo;
- (4) having Meniere's disease on the affected side before the clinical onset of benign paroxysmal positional vertigo;
- (5) having vestibular neuritis or labyrinthitis on the affected side within the three months before the clinical onset of benign paroxysmal positional vertigo;
- (6) being infected with herpes simplex virus or varicella zoster virus, where there is evidence of the infection causing a clinical illness involving the vestibular nerve of the affected side, before the clinical onset of benign paroxysmal positional vertigo;

- (7) undertaking physical activity at a rate of at least six METs, where the activity involves sudden head turning, jolting or vibration of the body, within the seven days before the clinical onset of benign paroxysmal positional vertigo;

Note: *MET* is defined in the Schedule 1 - Dictionary.

- (8) having active migraine at the time of the clinical onset of benign paroxysmal positional vertigo;

Note: *active migraine* is defined in the Schedule 1 - Dictionary.

- (9) being in the Trendelenburg position for a surgical procedure within the seven days before the clinical onset of benign paroxysmal positional vertigo;

Note: *Trendelenburg position* is defined in the Schedule 1 - Dictionary.

- (10) being confined to bed for medical or surgical treatment for periods of at least three days within the 14 days before the clinical onset of benign paroxysmal positional vertigo;

- (11) having decompression sickness at the time of the clinical onset of benign paroxysmal positional vertigo;

- (12) having trauma involving the head or the head and neck within the 30 days before the clinical worsening of benign paroxysmal positional vertigo;

Note: Types of trauma include the head being struck by an object, the head striking an object or the head undergoing jolting movements.

- (13) having surgery to the head or neck, including dental surgery, where that surgery involves transmission of vibration or percussive forces to the inner ear, in the three months before the clinical worsening of benign paroxysmal positional vertigo;

- (14) having cochlear implantation surgery in the three years before the clinical worsening of benign paroxysmal positional vertigo;

- (15) having Meniere's disease on the affected side before the clinical worsening of benign paroxysmal positional vertigo;

- (16) having vestibular neuritis or labyrinthitis on the affected side within the three months before the clinical worsening of benign paroxysmal positional vertigo;

- (17) being infected with herpes simplex virus or varicella zoster virus, where there is evidence of the infection causing a clinical illness involving the vestibular nerve of the affected side, before the clinical worsening of benign paroxysmal positional vertigo;

- (18) undertaking physical activity at a rate of at least six METs, where the activity involves sudden head turning, jolting or vibration of the body, within the seven days before the clinical worsening of benign paroxysmal positional vertigo;

Note: *MET* is defined in the Schedule 1 - Dictionary.

- (19) having active migraine at the time of the clinical worsening of benign paroxysmal positional vertigo;

Note: *active migraine* is defined in the Schedule 1 - Dictionary.

- (20) being in the Trendelenburg position for a surgical procedure within the seven days before the clinical worsening of benign paroxysmal positional vertigo;

Note: *Trendelenburg position* is defined in the Schedule 1 - Dictionary.

- (21) being confined to bed for medical or surgical treatment for periods of at least three days within the 14 days before the clinical worsening of benign paroxysmal positional vertigo;

- (22) inability to obtain appropriate clinical management for benign paroxysmal positional vertigo.

## **9 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(12) to 8(22) apply only to material contribution to, or aggravation of, benign paroxysmal positional vertigo where the person's benign paroxysmal positional vertigo was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## **10 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

In this instrument:

***active migraine*** means having at least one migraine headache per year.

***benign paroxysmal positional vertigo***—see subsection 6(2).

***MET*** means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute, 1.0 kcal/kg of body weight per hour or resting metabolic rate.

***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.

***relevant service*** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

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

***terminal event*** means the proximate or ultimate cause of death and includes the following:

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

***Trendelenburg position*** means a position in which the patient is lying on the back with the feet higher than the head by 15 to 30 degrees.

***VEA*** means the *Veterans' Entitlements Act 1986*.