



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

**Statement of Principles**  
**concerning**  
**SPONDYLOLISTHESIS AND**  
**SPONDYLOLYSIS**  
**(Reasonable Hypothesis)**  
**(No. 56 of 2025)**

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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 20 June 2025

Professor Terence Campbell AM  
Chairperson  
by and on behalf of  
The Repatriation Medical Authority

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**1 Name**

This is the Statement of Principles concerning *spondylolisthesis and spondylolysis (Reasonable Hypothesis)* (No. 56 of 2025).

**2 Commencement**

This instrument commences on 21 July 2025.

**3 Authority**

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

**4 Repeal**

The Statement of Principles concerning spondylolisthesis and spondylolysis (Reasonable Hypothesis) (No. 24 of 2017) (Federal Register of Legislation No. F2017L00165) made under subsection 196B(2) of the VEA is repealed.

**5 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.

**6 Definitions**

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

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

- (1) This Statement of Principles is about spondylolisthesis and spondylolysis and death from spondylolisthesis and spondylolysis.

*Meaning of spondylolisthesis and spondylolysis*

- (2) For the purposes of this Statement of Principles:

spondylolisthesis:

- (a) means forward displacement (anterolisthesis) or backward displacement (retrolisthesis) of one vertebra over the vertebra below; and
- (b) excludes spondylosis.

spondylolysis:

- (a) means a defect or fracture, unilateral or bilateral, involving the pars interarticularis of a vertebra;
- (b) excludes spondylosis.

- (3) While spondylolisthesis attracts ICD-10-AM code M43.1 and spondylolysis attracts ICD-10-AM code M43.0, in applying this Statement of Principles the meaning of spondylolisthesis and spondylolysis 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)*, Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

*Death from spondylolisthesis or spondylolysis*

- (5) For the purposes of this Statement of Principles, spondylolisthesis or 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.

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

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

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that spondylolisthesis or spondylolysis and death from spondylolisthesis or 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 MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

## **9 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 spondylolisthesis or spondylolysis or death from spondylolisthesis or spondylolysis with the circumstances of a person's relevant service:

- (1) experiencing a high impact trauma to the spine resulting in an acute fracture of the vertebral arch at the time of clinical onset or clinical worsening;
- (2) 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 1 year before clinical onset or clinical worsening of spondylolisthesis;
- (3) having trauma to affected region of the spine at the time of clinical worsening of spondylolytic spondylolisthesis;

Note 1: Examples of trauma include, but are not limited to, vehicle accident, fall or sports injury.

Note 2: *spondylolytic spondylolisthesis* is defined in the Schedule 1 - Dictionary.

- (4) for persons less than 25 years of age only, engaging in activities involving repetitive and forceful hyperextension, torsion or rotation against resistance of the spine for an average period of at least 10 hours per week for the 6 months before clinical onset or clinical worsening of spondylolysis or spondylolytic spondylolisthesis;

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

Note 2: Examples of activities involving repetitive and forceful hyperextension, torsion or rotation against resistance include gymnastics, pole vaulting, dancing, weightlifting, weight training, wrestling, judo, horse riding, swimming and playing football, tennis, volleyball, basketball, golf and cricket.

- (5) having undergone a spinal fusion of a segment of adjacent vertebrae to permanently connect 2 or more vertebrae in the spine, eliminating motion between them before clinical onset;
- (6) having undergone spinal surgery involving resection of the facet joints or parts of the vertebral arch (including laminectomy, laminotomy and facetectomy) at the level of the involved vertebra, or surgery to the spine that damages the integrity and stability of the spine at the level of the involved vertebra before clinical onset or clinical worsening;
- (7) having spondylosis at the level of the involved vertebra, before clinical onset or clinical worsening of degenerative spondylolisthesis of the lumbar or cervical spine;

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

- (8) having pathological damage to the affected vertebra at the time of clinical onset or clinical worsening;

Note: Pathological damage to a vertebra can occur due to a local or systemic disease process which significantly weakens or destroys the vertebral bone, including benign and malignant tumours, tuberculosis, osteomyelitis, osteoporosis and Paget disease.

- (9) having rheumatoid arthritis involving the affected vertebra at the time of clinical onset or clinical worsening of spondylolisthesis;
- (10) having a Body Mass Index (BMI) of 30 or greater for the 5 years before clinical onset or clinical worsening of degenerative anterolisthesis;

Note 1: Body Mass Index (BMI) is calculated as  $W/H^2$  where:

- (a) W is the person's weight in kilograms; and
- (b) H is the person's height in metres.

Note 2: *degenerative anterolisthesis* is defined in the Schedule 1 - Dictionary.

- (11) inability to obtain appropriate clinical management for spondylolisthesis or spondylolysis before clinical worsening.

## **10 Relationship to service**

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The clinical worsening aspects of factors set out in section 9 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 did not arise out of) the person's relevant service.

## **11 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 9 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 6

## 1 Definitions

In this instrument:

***degenerative anterolisthesis*** means forward displacement of one vertebra over the vertebra below due to segmental instability arising from osteoarthritis of the facet joints.

***degenerative spondylolisthesis*** means forward or backward displacement of one vertebra over the vertebra below due to segmental instability arising from osteoarthritis of the facet joints.

***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 defined in the Schedule 1 - Dictionary.

***spondylolisthesis and spondylolysis***—see subsection 7(2).

***spondylolytic spondylolisthesis*** means spondylolisthesis which develops where there is pre-existing spondylolysis of the affected vertebra.

***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.

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