Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
BENIGN PAROXYSMAL POSITIONAL VERTIGO
(Reasonable Hypothesis)
(No. 54 of 2026)

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

Dated 19 June 2026

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

Contents

1 Name

This is the Statement of Principles concerning *benign paroxysmal positional vertigo (Reasonable Hypothesis)* (No. 54 of 2026).

2 Commencement

This instrument commences on **20 July 2026.**

3 Authority

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

4 Repeal

The Statement of Principles concerning benign paroxysmal positional vertigo (Reasonable Hypothesis) (No. 56 of 2017) (Federal Register of Legislation No. F2017L01050) made under subsection 196B(2) of the VEA is repealed.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 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:

(a) 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; and

(b) excludes positional vertigo caused by disease or injury to the brain.

Note 1: Examples of disease or injury to the brain which may cause positional vertigo include, but are not limited to, stroke, brain tumours, and certain neurological disorders such as multiple sclerosis.

Note 2: A patient may have symptoms associated with an episode of vertigo that last longer than one minute. These include, but are not limited to, nausea, vomiting, dizziness, or unsteadiness.

(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), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

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.

8 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: ***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 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 in the 2 months before clinical onset or clinical worsening;

Note: Head trauma may result from, but is not limited to, motor vehicle accidents, whiplash, falls, assault, blows to the head, or sporting injuries.

(2) having a concussion or moderate to severe traumatic brain injury in the 2 months before clinical onset or clinical worsening;

(3) being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3-

dB exchange rate for a cumulative period of at least 6 months before clinical onset or clinical worsening;

Note: ***dB(A)*** and ***time-weighted average (TWA) with a 3-dB exchange rate*** are defined in the Schedule 1 - Dictionary.

(4) being exposed to an explosive blast in the 6 months before clinical onset or clinical worsening;

Note: Explosive blast excludes those which are characterised by cumulative low-level blast overpressure.

(5) being exposed to vibrational or percussive forces which are capable of being transmitted to the inner ear, in the 3 months before clinical onset or clinical worsening;

Note: Examples of vibrational or percussive forces capable of being transmitted to the inner ear include, but are not limited to, forces created by head surgery, dental procedures, cochlear implantation surgery, heavy machinery, and vibrational tools.

(6) having vestibular neuritis on the affected side within the 6 months before clinical onset or clinical worsening;

Note: Vestibular neuritis is commonly caused by viral infections, and in rare cases, bacterial infections.

(7) having labyrinthitis on the affected side within the 6 months before clinical onset or clinical worsening;

Note: Labyrinthitis is commonly caused by viral infections, and in rare cases, bacterial infections.

(8) having Ménière disease on the affected side before clinical onset or clinical worsening;

(9) undertaking physical activity of at least 6 METs, where the activity involves sudden head turning, jolting or vibration of the body, within the 7 days before clinical onset or clinical worsening;

Note: MET (metabolic equivalent) is a unit of measure of the level of physical capability of the cardiorespiratory system. For example, 1 MET = cardiorespiratory effort associated with a person sitting; 3-5 METs = cardiorespiratory effort associated with a person walking at an average pace (5 km/h), sweeping, or lifting moderate weights; 6-11 METs = cardiorespiratory effort associated with a person cycling (> 16 km/hr), running (>9 km/hr), or swimming moderately to hard.

(10) having migraine within the 6 years before clinical onset or clinical worsening;

(11) being in the Trendelenburg position within the 7 days before clinical onset or clinical worsening;

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

(12) lying in a recumbent position for at least 5 days within the 14 days before clinical onset or clinical worsening;

(13) having osteoporosis at the time of clinical onset or clinical worsening;

(14) having vitamin D deficiency, with a serum 25(OH)D level of less than 30 nanomoles per litre at the time of clinical onset or clinical worsening;

(15) inability to obtain appropriate clinical management for benign paroxysmal positional vertigo 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 aspect of factors set out in section 9 apply only to 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.

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:

benign paroxysmal positional vertigo—see subsection 7(2).

dB(A) means the sound pressure level in decibels measured by a sound level meter using a type A electronic filter.

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.

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.

time-weighted average (TWA) with a 3-dB exchange rate means the time-weighted average noise exposure level calculated according to the following formulae and shown in the table:

TWA = 10.0 x Log(D/100) + 85

where D = daily dose; and

D = [C1/T1 + C2/T2 + …..+ Cn/Tn] x 100

where Cn = total time of exposure at a specified noise level; and

Tn = exposure duration for which noise at this level becomes hazardous.

Table of noise exposure levels and durations based on 3-dB(A) exchange rate.

	Duration, *T*				Duration, *T*		
Exposure Level, *L* (dB(A))	Hours	Minutes	Seconds	Exposure Level, *L* (dB(A))	Hours	Minutes	Seconds
80	25	24	—	106	—	3	45
81	20	10	—	107	—	2	59
82	16	—	—	108	—	2	22
83	12	42	—	109	—	1	53
84	10	5	—	110	—	1	29
85	8	—	—	111	—	1	11
86	6	21	—	112	—	—	56
87	5	2	—	113	—	—	45
88	4	—	—	114	—	—	35
89	3	10	—	115	—	—	28
90	2	31	—	116	—	—	22
91	2	—	—	117	—	—	18
92	1	35	—	118	—	—	14
93	1	16	—	119	—	—	11
94	1	—	—	120	—	—	9
95	—	47	37	121	—	—	7
96	—	37	48	122	—	—	6
97	—	30	—	123	—	—	4
98	—	23	49	124	—	—	3
99	—	18	59	125	—	—	3
100	—	15	—	126	—	—	2
101	—	11	54	127	—	—	1
102	—	9	27	128	—	—	1
103	—	7	30	129	—	—	1
104	—	5	57	130-140	—	—	<1
105	—	4	43	—	—	—	—

Source: National Institute of Occupational Safety and Health 1998 Guidelines Publication No. 98-126

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*.