

Statement of Principles  
concerning

**CERVICAL SPONDYLOSIS**

**No. 33 of 2005**

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 cervical spondylosis No. 33 of 2005.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 50 of 2002, as amended by Instrument No. 81 of 2002; and
  - (b) determines in their place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **cervical spondylosis** and **death from cervical spondylosis**.
  - (b) For the purposes of this Statement of Principles, "**cervical spondylosis**" means degenerative changes affecting the cervical vertebrae or intervertebral discs, causing local pain and stiffness or symptoms and signs of cervical cord or cervical nerve root compression, but excludes diffuse idiopathic skeletal hyperostosis.

- (c) Cervical spondylosis attracts ICD-10-AM code M47.01, M47.02, M47.03, M47.11, M47.12, M47.13, M47.21, M47.22, M47.23, M47.81, M47.82, M47.83, M47.91, M47.92, M47.93 or M50.3.
- (d) In the application of this Statement of Principles, the definition of “**cervical spondylosis**” 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 **cervical spondylosis** and **death from cervical spondylosis** 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 **cervical spondylosis** or **death from cervical spondylosis** with the circumstances of a person’s relevant service is:
  - (a) being a prisoner of war before the clinical onset of cervical spondylosis; or
  - (b) having inflammatory joint disease in the cervical spine before the clinical onset of cervical spondylosis; or
  - (c) having septic arthritis in the cervical spine before the clinical onset of cervical spondylosis; or
  - (d) having an intra-articular fracture of the cervical spine before the clinical onset of cervical spondylosis; or
  - (e) having a condition of the cervical spine from the specified list of spinal conditions before the clinical onset of cervical spondylosis; or
  - (f) having a depositional joint disease in the cervical spine before the clinical onset of cervical spondylosis; or

- (g) having a trauma to the cervical spine before the clinical onset of cervical spondylosis; or
- (h) having a cervical intervertebral disc prolapse before the clinical onset of cervical spondylosis at the level of the intervertebral disc prolapse; or
- (i) carrying loads of at least fifteen kilograms on the head while upright to a cumulative total of at least 72 000 kilograms within any ten year period before the clinical onset of cervical spondylosis; or
- (j) flying in high performance aircraft for a cumulative total of at least 500 hours within any ten year period before the clinical onset of cervical spondylosis; or
- (k) being obese for at least ten years before the clinical onset of cervical spondylosis; or
- (l) having inflammatory joint disease in the cervical spine before the clinical worsening of cervical spondylosis; or
- (m) having septic arthritis in the cervical spine before the clinical worsening of cervical spondylosis; or
- (n) having an intra-articular fracture of the cervical spine before the clinical worsening of cervical spondylosis; or
- (o) having a condition of the cervical spine from the specified list of spinal conditions before the clinical worsening of cervical spondylosis; or
- (p) having a depositional joint disease in the cervical spine before the clinical worsening of cervical spondylosis; or
- (q) having a trauma to the cervical spine before the clinical worsening of cervical spondylosis; or
- (r) having a cervical intervertebral disc prolapse before the clinical worsening of cervical spondylosis at the level of the intervertebral disc prolapse; or

- (s) carrying loads of at least fifteen kilograms on the head while upright to a cumulative total of at least 72 000 kilograms within any ten year period before the clinical worsening of cervical spondylosis; or
- (t) flying in high performance aircraft for a cumulative total of at least 500 hours within any ten year period before the clinical worsening of cervical spondylosis; or
- (u) being obese for at least ten years before the clinical worsening of cervical spondylosis; or
- (v) inability to obtain appropriate clinical management for cervical spondylosis.

### **Factors that apply only to material contribution or aggravation**

7. Paragraphs **6(l)** to **6(v)** apply only to material contribution to, or aggravation of, cervical spondylosis where the person's cervical spondylosis 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:

**“being obese”** means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of thirty or greater.

The  $BMI = W/H^2$  and where:

W is the person's weight in kilograms and

H is the person's height in metres;

**“death from cervical spondylosis”** in relation to a person includes death from a terminal event or condition that was contributed to by the person's cervical spondylosis;

**“depositional joint disease”** means gout, pseudogout, haemochromatosis, Wilson's disease or ochronosis;

**“G force”** means the ratio of the applied acceleration of the aircraft to the acceleration due to gravity, for example,  $2G = 2 \times 9.81\text{m/s}^2$ ;

**“high performance aircraft”** means an aircraft capable of routinely sustaining at least two positive G forces;

**“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;

**“inflammatory joint disease”** means rheumatoid arthritis, Reiter’s syndrome, psoriatic arthropathy, ankylosing spondylitis, or arthritis associated with Crohn’s disease or ulcerative colitis;

**“intra-articular fracture”** means a fracture involving the articular surface of a joint;

**“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;

**“septic arthritis”** means the bacterial infection of a joint resulting in inflammation within that joint;

**“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;

**“the specified list of spinal conditions”** means:

- (a) scoliosis;

- (b) spondylolisthesis;
- (c) retrospondylolisthesis;
- (d) a deformity of a vertebra;
- (e) a deformity of a joint of a vertebra; or
- (f) necrosis of bone;

**“trauma to the cervical spine”** means a discrete injury, including G force-induced injury, to the cervical spine that causes the development, within twenty-four hours of the injury being sustained, of symptoms and signs of pain, and tenderness, and either altered mobility or range of movement of the cervical spine. These symptoms and signs must last for a period of at least seven days following their onset; save for where medical intervention for the trauma to the cervical spine has occurred and that medical intervention involves either:

- (a) immobilisation of the cervical spine by splinting, or similar external agent; or
- (b) injection of corticosteroids or local anaesthetics into the cervical spine; or
- (c) surgery to the cervical spine.

**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 16 November 2005.

Dated this *eighth* day of *November* 2005

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

KEN DONALD  
 CHAIRPERSON