



Australian Government  
Repatriation Medical Authority

Statement of Principles  
concerning  
**THORACIC SPONDYLOSIS**  
**No. 65 of 2014**

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 thoracic spondylosis No. 65 of 2014.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 36 of 2005 concerning thoracic spondylosis; and
  - (b) determines in its place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **thoracic spondylosis** and **death from thoracic spondylosis**.
  - (b) For the purposes of this Statement of Principles, "**thoracic spondylosis**" means a degenerative joint disorder affecting the thoracic vertebrae or intervertebral discs with:
    - (i) clinical manifestations of local pain and stiffness, or symptoms and signs of thoracic cord or thoracic nerve root compression; and
    - (ii) imaging evidence of degenerative change, including disc space narrowing or osteophytes.

Other commonly associated features include facet joint arthritis, bone hypertrophy and spinal stenosis. This definition excludes diffuse idiopathic skeletal hyperostosis, Scheuermann's kyphosis and bulging of an intervertebral disc in the absence of other signs of disc degeneration. Thoracic spondylosis includes spondylosis at the thoracolumbar junction.

- (c) Thoracic spondylosis attracts ICD-10-AM code M47.14, M47.15, M47.24, M47.25, M47.84, M47.85, M47.94, M47.95 or M51.3.
- (d) In the application of this Statement of Principles, the definition of "**thoracic spondylosis**" is that given at paragraph 3(b) above.

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

- 4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **thoracic spondylosis** and **death from thoracic spondylosis** can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, **thoracic spondylosis** or **death from thoracic spondylosis** is connected with the circumstances of a person's relevant service is:
  - (a) having inflammatory joint disease in the thoracic spine before the clinical onset of thoracic spondylosis; or
  - (b) having an infection of the affected joint as specified at least one year before the clinical onset of thoracic spondylosis; or
  - (c) having an intra-articular fracture of the thoracic spine at least one year before the clinical onset of thoracic spondylosis; or
  - (d) having a specified spinal condition affecting the thoracic spine for at least the one year before the clinical onset of thoracic spondylosis; or
  - (e) having a depositional joint disease in the thoracic spine before the clinical onset of thoracic spondylosis; or
  - (f) having trauma to the thoracic spine at least one year before the clinical onset of thoracic spondylosis, and where the trauma to the thoracic spine occurred within the 25 years before the clinical onset of thoracic spondylosis; or
  - (g) having a thoracic intervertebral disc prolapse before the clinical onset of thoracic spondylosis at the level of the intervertebral disc prolapse; or

- (h) lifting loads of at least 35 kilograms while bearing weight through the thoracic spine to a cumulative total of at least 168 000 kilograms within any ten year period before the clinical onset of thoracic spondylosis, and where the clinical onset of thoracic spondylosis occurs within the 25 years following that period; or
- (i) carrying loads of at least 35 kilograms while bearing weight through the thoracic spine to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of thoracic spondylosis, and where the clinical onset of thoracic spondylosis occurs within the 25 years following that period; or
- (j) being obese for at least ten years within the 25 years before the clinical onset of thoracic spondylosis; or
- (k) having acromegaly involving the thoracic spine before the clinical onset of thoracic spondylosis; or
- (l) having Paget's disease of bone involving the thoracic spine before the clinical onset of thoracic spondylosis; or
- (m) having inflammatory joint disease in the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (n) having an infection of the affected joint as specified at least one year before the clinical worsening of thoracic spondylosis; or
- (o) having an intra-articular fracture of the thoracic spine at least one year before the clinical worsening of thoracic spondylosis; or
- (p) having a specified spinal condition affecting the thoracic spine for at least the one year before the clinical worsening of thoracic spondylosis; or
- (q) having a depositional joint disease in the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (r) having trauma to the thoracic spine at least one year before the clinical worsening of thoracic spondylosis, and where the trauma to the thoracic spine occurred within the 25 years before the clinical worsening of thoracic spondylosis; or
- (s) having a thoracic intervertebral disc prolapse before the clinical worsening of thoracic spondylosis at the level of the intervertebral disc prolapse; or
- (t) lifting loads of at least 35 kilograms while bearing weight through the thoracic spine to a cumulative total of at least 168 000 kilograms within any ten year period before the clinical worsening of thoracic spondylosis, and where the clinical worsening of thoracic spondylosis occurs within the 25 years following that period; or
- (u) carrying loads of at least 35 kilograms while bearing weight through the thoracic spine to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of thoracic

spondylosis, and where the clinical worsening of thoracic spondylosis occurs within the 25 years following that period; or

- (v) being obese for at least ten years within the 25 years before the clinical worsening of thoracic spondylosis; or
- (w) having acromegaly involving the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (x) having Paget's disease of bone involving the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (y) inability to obtain appropriate clinical management for thoracic spondylosis.

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

7. Paragraphs **6(m) to 6(y)** apply only to material contribution to, or aggravation of, thoracic spondylosis where the person's thoracic 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:

**"a depositional joint disease"** means gout, calcium pyrophosphate dihydrate deposition disease (also known as pseudogout), haemochromatosis, Wilson's disease or alkaptonuria (also known as ochronosis);

**"a specified spinal condition"** means:

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

**"an infection of the affected joint as specified"** means bacterial or fungal infection of the affected joint in the thoracic spine resulting in inflammation within that joint;

**"an intra-articular fracture"** means a fracture involving any articular surface of the affected joint;

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

**"G force"** means the ratio of the applied acceleration of the aircraft to the acceleration due to gravity, for example,  $4G = 4 \times 9.81m/s^2$ ;

**"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), Eighth Edition, effective date of 1 July 2013, copyrighted by the Independent Hospital Pricing Authority, and having ISBN 978-1-74128-213-9;

**"inflammatory joint disease"** means rheumatoid arthritis, reactive arthritis, psoriatic arthropathy, ankylosing spondylitis, or arthritis associated with Crohn's disease or ulcerative colitis;

**"lifting loads"** means manually raising an object;

**"relevant service"** means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA;

**"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;

**"trauma to the thoracic spine"** means a discrete event involving the application of significant physical force, including G force, to the thoracic 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 thoracic spine. In the case of sustained unconsciousness or the masking of pain by analgesic medication, these symptoms and signs must appear on return to consciousness or the withdrawal of the analgesic medication. These symptoms and signs must last for a period of at least seven days following their onset; save for where medical intervention has occurred and that medical intervention involves either:

- (a) immobilisation of the thoracic spine by splinting, or similar external agent;

- (b) injection of corticosteroids or local anaesthetics into the thoracic spine;  
or
- (c) surgery to the thoracic spine.

**Application**

- 10.** This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

**Date of effect**

- 11.** This Instrument takes effect from 2 July 2014.

Dated this *twentieth* day of *June* 2014

The Common Seal of the  
Repatriation Medical Authority  
was affixed at the direction of: )  
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PROFESSOR NICHOLAS SAUNDERS AO  
CHAIRPERSON