

**Revocation and Determination**  
of  
**Statement of Principles**  
concerning  
**THORACIC SPONDYLOSIS**

**ICD-9-CM CODES: 721.2, 721.41, 722.51**

*Veterans' Entitlements Act 1986*

1. The Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the Act):
  - (a) revokes Instrument No.55 of 1998; and
  - (b) determines in its place the following Statement of Principles.

**Kind of injury, disease or death**

2. (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 degenerative changes affecting the thoracic vertebrae and/or intervertebral discs, causing local pain and stiffness and/or symptoms and signs of thoracic cord or thoracic nerve root compression, attracting ICD-9-CM code 721.2, 721.41 or 722.51.

**Basis for determining the factors**

3. 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.

### **Factors that must be related to service**

4. Subject to clause 6, at least one of the factors set out in clause 5 must be related to any relevant service rendered by the person.

### **Factors**

5. The factors 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 are:
  - (a) suffering inflammatory joint disease in the thoracic spine before the clinical onset of thoracic spondylosis; or
  - (b) suffering from septic arthritis in the thoracic spine before the clinical onset of thoracic spondylosis; or
  - (c) suffering an intra-articular fracture of the thoracic spine before the clinical onset of thoracic spondylosis; or
  - (d) having a malalignment of the thoracic spine before the clinical onset of thoracic spondylosis; or
  - (e) suffering a depositional joint disease in the thoracic spine before the clinical onset of thoracic spondylosis; or
  - (f) suffering from permanent ligamentous instability of the thoracic spine before the clinical onset of thoracic spondylosis; or
  - (g) suffering a trauma to the thoracic spine within the 25 years immediately before the clinical onset of thoracic spondylosis; or
  - (h) suffering a thoracic intervertebral disc prolapse before the clinical onset of thoracic spondylosis at the level of the intervertebral disc prolapse; or
  - (j) being occupationally required to undertake continuous heavy physical activity for at least 10 years before the clinical onset of thoracic spondylosis, and where such continuous heavy physical activity has ceased, the clinical onset of thoracic spondylosis has occurred within the 25 years immediately following cessation of such activity; or
  - (k) suffering inflammatory joint disease in the thoracic spine before the clinical worsening of thoracic spondylosis; or
  - (m) suffering from septic arthritis in the thoracic spine before the clinical worsening of thoracic spondylosis; or

- (n) suffering an intra-articular fracture of the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (o) having a malalignment of the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (p) suffering a depositional joint disease in the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (q) suffering from permanent ligamentous instability of the thoracic spine before the clinical worsening of thoracic spondylosis; or
- (r) suffering a trauma to the thoracic spine within the 25 years immediately before the clinical worsening of thoracic spondylosis; or
- (s) suffering a thoracic intervertebral disc prolapse before the clinical worsening of thoracic spondylosis at the level of the intervertebral disc prolapse; or
- (t) being occupationally required to undertake continuous heavy physical activity for at least 10 years before the clinical worsening of thoracic spondylosis, and where such continuous heavy physical activity has ceased, the clinical worsening of thoracic spondylosis has occurred within the 25 years immediately following cessation of such activity.

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

6. Paragraphs 5(k) to 5(t) 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; paragraph 8(1)(e), 9(1)(e) or 70(5)(d) of the Act refers.

**Inclusion of Statements of Principles**

7. 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.

**Other definitions**

8. For the purposes of this Statement of Principles:

**“being occupationally required to undertake continuous heavy physical activity”** means working in a job that has high energy demands or requires some measure of physical strength, and engagement in any of the following activities on most days:

- (i) repetitive or persistent flexion, extension or twisting of the thoracic spine; or
- (ii) frequent manual lifting or carrying of loads of at least 25kg with occasional manual lifting or carrying of loads of at least 35kg; or
- (iii) frequent manual pushing or pulling of loads of at least 25kg with occasional manual pushing or pulling of loads of at least 35kg;

**“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;

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

**“ICD-9-CM code”** means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

**“inflammatory joint disease”** means rheumatoid arthritis, Reiter’s syndrome, psoriatic arthritis, 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;

**“intervertebral disc prolapse”** means protrusion, herniation or rupture of an intervertebral disc of the cervical, thoracic or lumbar spine, causing local pain and stiffness;

**“malalignment”** means the presence of significant displacement out of line resulting from the effect of underlying muscle weakness, deformity of other joints, joint dysplasia or disparate leg length;

**“permanent ligamentous instability”** means continuing or recurring abnormal mobility and instability of the thoracic spine which is

characterised by the regular recurrence of episodes of pain and/or tenderness affecting the thoracic spine;

**“relevant service”** means:

- (a) eligible war service (other than operational service); or
- (b) defence service (other than hazardous service);

**“septic arthritis”** means the infection of a joint or joints by an organism, usually although not exclusively bacterial, and resultant inflammation within the involved joint/s;

**“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 injury to the thoracic spine that causes the development, within 24 hours of the injury being sustained, of acute symptoms and signs of pain and tenderness, and either altered mobility or range of movement of the thoracic spine. These acute symptoms and signs must last for a period of at least 10 days following their onset save for where medical intervention for the trauma to the thoracic spine has occurred, where that medical intervention involves either:

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

### **Application**

9. This Instrument applies to all matters to which section 120B of the Act applies.

Dated this *Twenty-fifth* day of *February*  
1999

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

KEN DONALD  
CHAIRMAN