



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

CERVICAL SPONDYLOSIS

No. 67 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 cervical spondylosis No. 67 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. 34 of 2005, as amended by Instrument No. 77 of 2008, concerning cervical spondylosis; 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 a degenerative joint disorder affecting the cervical vertebrae or intervertebral discs with:
 - (i) clinical manifestations of local pain and stiffness, or symptoms and signs of cervical cord or cervical 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 and bulging of an intervertebral disc in the absence of other signs of disc degeneration. Cervical spondylosis includes spondylosis at the cervicothoracic junction.

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

- (h) carrying loads of at least 25 kilograms on the head while upright to a cumulative total of at least 120 000 kilograms within any ten year period before the clinical onset of cervical spondylosis, and where the clinical onset of cervical spondylosis occurs within the 25 years following that period; or
- (i) being obese for at least ten years within the 25 years before the clinical onset of cervical spondylosis; or
- (j) flying in high performance aircraft for a cumulative total of at least 1 000 hours within the 25 years before the clinical onset of cervical spondylosis; or
- (k) piloting a helicopter for a cumulative total of at least 1 000 hours within the 25 years before the clinical onset of cervical spondylosis; or
- (l) having acromegaly involving the cervical spine before the clinical onset of cervical spondylosis; or
- (m) having Paget's disease of bone involving the cervical spine before the clinical onset of cervical spondylosis; or
- (n) having inflammatory joint disease in the cervical spine before the clinical worsening of cervical spondylosis; or
- (o) having an infection of the affected joint as specified at least one year before the clinical worsening of cervical spondylosis; or
- (p) having an intra-articular fracture of the cervical spine at least one year before the clinical worsening of cervical spondylosis; or
- (q) having a specified spinal condition affecting the cervical spine for at least the one year before the clinical worsening of cervical spondylosis; or
- (r) having a depositional joint disease in the cervical spine before the clinical worsening of cervical spondylosis; or
- (s) having trauma to the cervical spine at least one year before the clinical worsening of cervical spondylosis, and where the trauma to the cervical spine occurred within the 25 years before the clinical worsening of cervical spondylosis; or
- (t) having a cervical intervertebral disc prolapse before the clinical worsening of cervical spondylosis at the level of the intervertebral disc prolapse; or
- (u) carrying loads of at least 25 kilograms on the head while upright to a cumulative total of at least 120 000 kilograms within any ten year period before the clinical worsening of cervical spondylosis, and where the clinical worsening of cervical 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 cervical spondylosis; or

- (w) flying in high performance aircraft for a cumulative total of at least 1 000 hours within the 25 years before the clinical worsening of cervical spondylosis; or
- (x) piloting a helicopter for a cumulative total of at least 1 000 hours within the 25 years before the clinical worsening of cervical spondylosis; or
- (y) having acromegaly involving the cervical spine before the clinical worsening of cervical spondylosis; or
- (z) having Paget's disease of bone involving the cervical spine before the clinical worsening of cervical spondylosis; or
- (aa) inability to obtain appropriate clinical management for cervical spondylosis.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(n) to 6(aa)** 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:

"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 cervical 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 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;

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

"high performance aircraft" means an aircraft capable of routinely sustaining a positive G force of four or more;

"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;

"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 cervical spine" means a discrete event involving the application of significant physical force, including G force, 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. 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 cervical spine by splinting, or similar external agent;

- (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 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:)



PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON