



Statement of Principles concerning thoracic spondylosis No. 64 of 2014

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 23 July 2018

Includes amendments up to: Amendment Statement of Principles concerning thoracic spondylosis No. 69 of 2018 (F2018L00913)

The day of commencement of this Amendment Statement of Principles concerning thoracic spondylosis is 23 July 2018.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning thoracic spondylosis No. 64 of 2014* that shows the text of the law as amended and in force on 23 July 2018.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
THORACIC SPONDYLOSIS
No. 64 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. 64 of 2014.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 35 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**.

Statement of Principles concerning Thoracic Spondylosis
Instrument No. 64 of 2014
Veterans' Entitlements Act 1986

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(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. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **thoracic spondylosis** and **death from thoracic 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 **thoracic spondylosis** or **death from thoracic spondylosis** with the circumstances of a person's relevant service is:
 - (a) being a prisoner of war before the clinical onset of thoracic spondylosis; or
 - (b) having inflammatory joint disease in the thoracic spine before the clinical onset of thoracic spondylosis; or

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- (c) having an infection of the affected joint as specified at least one year before the clinical onset of thoracic spondylosis; or
 - (d) having an intra-articular fracture of the thoracic spine at least one year before the clinical onset of thoracic spondylosis; or
 - (e) having a specified spinal condition affecting the thoracic spine for at least the one year before the clinical onset of thoracic spondylosis; or
 - (f) having a depositional joint disease in the thoracic spine before the clinical onset of thoracic spondylosis; or
 - (g) having trauma to the thoracic spine at least one year before the clinical onset of thoracic spondylosis; or
 - (h) having a thoracic intervertebral disc prolapse before the clinical onset of thoracic spondylosis at the level of the intervertebral disc prolapse; or
 - (i) lifting loads of at least 20 kilograms while bearing weight through the thoracic spine to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical onset of thoracic spondylosis; or
 - (j) carrying loads of at least 20 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; or
 - (k) being obese for at least ten years before the clinical onset of thoracic spondylosis; or
 - (l) having acromegaly involving the thoracic spine before the clinical onset of thoracic spondylosis; or
 - (m) having Paget's disease of bone involving the thoracic spine before the clinical onset of thoracic spondylosis; or
 - (n) having inflammatory joint disease in the thoracic spine before the clinical worsening of thoracic spondylosis; or
 - (o) having an infection of the affected joint as specified at least one year before the clinical worsening of thoracic spondylosis; or
 - (p) having an intra-articular fracture of the thoracic spine at least one year before the clinical worsening of thoracic spondylosis; or
 - (q) having a specified spinal condition affecting the thoracic spine for at least the one year before the clinical worsening of thoracic spondylosis; or
 - (r) having a depositional joint disease in the thoracic spine before the clinical worsening of thoracic spondylosis; or
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- (s) having trauma to the thoracic spine at least one year before the clinical worsening of thoracic spondylosis; or
 - (t) having a thoracic intervertebral disc prolapse before the clinical worsening of thoracic spondylosis at the level of the intervertebral disc prolapse; or
 - (u) lifting loads of at least 20 kilograms while bearing weight through the thoracic spine to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical worsening of thoracic spondylosis; or
 - (v) carrying loads of at least 20 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; or
 - (w) being obese for at least ten years before the clinical worsening of thoracic spondylosis; or
 - (x) having acromegaly involving the thoracic spine before the clinical worsening of thoracic spondylosis; or
 - (y) having Paget's disease of bone involving the thoracic spine before the clinical worsening of thoracic spondylosis; or
 - (z) inability to obtain appropriate clinical management for thoracic spondylosis.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(n) to 6(z)** 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) 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

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- (f) non-warlike 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 120A of the VEA or section 338 of the MRCA applies.

Date of effect

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

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	
exp = expires/expired or ceases/ceased to have effect	reloc = relocated
F = Federal Register of Legislation	renum = renumbered
gaz = gazette	rep = repealed
LA = <i>Legislation Act 2003</i>	rs = repealed and substituted
LIA = <i>Legislative Instruments Act 2003</i>	s = section(s)/subsection(s)
(md) = misdescribed amendment can be given effect	Sch = Schedule(s)
(md not incorp) = misdescribed amendment cannot be given effect	Sdiv = Subdivision(s)
mod = modified/modification	SLI = Select Legislative Instrument
No. = Number(s)	SR = Statutory Rules
	Sub-Ch = Sub-Chapter(s)
	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Statement of Principles concerning thoracic spondylosis No. 64 of 2014</i>	2 July 2014 F2014L00931	2 July 2014	
<i>Amendment Statement of Principles concerning thoracic spondylosis No. 69 of 2018</i>	27 June 2018 F2018L00913	23 July 2018	

Endnote 4—Amendment history

Provision affected	How affected
Clause 6(i).....	rs Instrument No. 69 of 2018
Clause 6(j).....	rs Instrument No. 69 of 2018
Clause 6(u).....	rs Instrument No. 69 of 2018
Clause 6(v).....	rs Instrument No. 69 of 2018
