

**Statement of Principles concerning cervical spondylosis No. 66 of 2014**

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

**Compilation No. 1**

**Compilation date:** 18 November 2019

**Includes amendments up to:** Amendment Statement of Principles concerning cervical spondylosis No. 102 of 2019 (F2019L01359)

The day of commencement of this Amendment Statement of Principles concerning cervical spondylosis is 18 November 2019.

**About this compilation**

**This compilation**

This is a compilation of the *Statement of Principles concerning cervical spondylosis No. 66 of 2014* that shows the text of the law as amended and in force on 18 November 2019.

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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.



Statement of Principles

concerning

**CERVICAL SPONDYLOSIS**

**No. 66 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. 66 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. 33 of 2005, as amended by Instrument No. 76 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**.

1. For the purposes of this Statement of Principles, **"cervical spondylosis"** means a degenerative joint disorder affecting the cervical vertebrae or intervertebral discs with:
2. clinical manifestations of local pain and stiffness, or symptoms and signs of cervical cord or cervical nerve root compression; and
3. 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.

1. 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.
2. 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:

1. being a prisoner of war before the clinical onset of cervical spondylosis; or
2. having inflammatory joint disease in the cervical spine before the clinical onset of cervical spondylosis; or
3. having an infection of the affected joint as specified at least one year before the clinical onset of cervical spondylosis; or
4. having an intra-articular fracture of the cervical spine at least one year before the clinical onset of cervical spondylosis; or
5. having a specified spinal condition affecting the cervical spine for at least the one year before the clinical onset of cervical spondylosis; or
6. having a depositional joint disease in the cervical spine before the clinical onset of cervical spondylosis; or
7. having trauma to the cervical spine at least one year before the clinical onset of cervical spondylosis; or
8. having a cervical intervertebral disc prolapse before the clinical onset of cervical spondylosis at the level of the intervertebral disc prolapse; or
9. carrying loads of at least 15 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

(ia) carrying a large bulky load of at least 15 kilograms positioned between the neck and shoulder to a cumulative total of at least 5 000 hours within any ten year period before the clinical onset of cervical spondylosis; or

1. being obese for at least ten years before the clinical onset of cervical spondylosis; or
2. flying in high performance aircraft for a cumulative total of at least 500 hours within the 25 years before the clinical onset of cervical spondylosis; or
3. piloting a helicopter for a cumulative total of at least 500 hours within the 25 years before the clinical onset of cervical spondylosis; or
4. having acromegaly involving the cervical spine before theclinical onset of cervical spondylosis; or
5. having Paget's disease of bone involving the cervical spine before theclinical onset of cervical spondylosis; or
6. having inflammatory joint disease in the cervical spine before the clinical worsening of cervical spondylosis; or
7. having an infection of the affected joint as specified at least one year before the clinical worsening of cervical spondylosis; or
8. having an intra-articular fracture of the cervical spine at least one year before the clinical worsening of cervical spondylosis; or
9. having a specified spinal condition affecting the cervical spine for at least the one year before the clinical worsening of cervical spondylosis; or
10. having a depositional joint disease in the cervical spine before the clinical worsening of cervical spondylosis; or
11. having trauma to the cervical spine at least one year before the clinical worsening of cervical spondylosis; or
12. having a cervical intervertebral disc prolapse before the clinical worsening of cervical spondylosis at the level of the intervertebral disc prolapse; or
13. carrying loads of at least 15 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

(va) carrying a large bulky load of at least 15 kilograms positioned between the neck and shoulder to a cumulative total of at least 5 000 hours within any ten year period before the clinical worsening of cervical spondylosis; or

1. being obese for at least ten years before the clinical worsening of cervical spondylosis; or
2. flying in high performance aircraft for a cumulative total of at least 500 hours within the 25 years before the clinical worsening of cervical spondylosis; or
3. piloting a helicopter for a cumulative total of at least 500 hours within the 25 years before the clinical worsening of cervical spondylosis; or
4. having acromegaly involving the cervical spine before theclinical worsening of cervical spondylosis; or
5. having Paget's disease of bone involving the cervical spine before theclinical worsening of cervical spondylosis; or
6. inability to obtain appropriate clinical management for cervical spondylosis.

Factors that apply only to material contribution or aggravation

**7.** Paragraphs **6(o) to 6(bb)** 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:

1. a deformity of a joint of a vertebra;
2. a deformity of a vertebra;
3. necrosis of bone;
4. retrospondylolisthesis;
5. scoliosis; or
6. 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/H2 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 x 9.81m/s2;

**"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:

1. operational service under the VEA;
2. peacekeeping service under the VEA;
3. hazardous service under the VEA;
4. British nuclear test defence service under the VEA;
5. warlike service under the MRCA; or
6. non-warlike service under the MRCA;

**"terminal event"** means the proximate or ultimate cause of death and includes:

1. pneumonia;
2. respiratory failure;
3. cardiac arrest;
4. circulatory failure; or
5. 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:

1. immobilisation of the cervical spine by splinting, or similar external agent;
2. injection of corticosteroids or local anaesthetics into the cervical spine; or
3. 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 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

|  |  |
| --- | --- |
|  | o = order(s) |
| ad = added or inserted | Ord = Ordinance |
| am = amended | orig = original |
| amdt = amendment | par = paragraph(s)/subparagraph(s) |
| c = clause(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 | reloc = relocated |
|  effect | renum = renumbered |
| F = Federal Register of Legislation | rep = repealed |
| gaz = gazette | rs = repealed and substituted |
| LA = *Legislation Act 2003* | s = section(s)/subsection(s) |
| LIA = *Legislative Instruments Act 2003* | Sch = Schedule(s) |
| (md) = misdescribed amendment can be given | Sdiv = Subdivision(s) |
|  effect | SLI = Select Legislative Instrument |
| (md not incorp) = misdescribed amendment | SR = Statutory Rules |
|  cannot be given effect | Sub‑Ch = Sub‑Chapter(s) |
| mod = modified/modification | SubPt = Subpart(s) |
| No. = Number(s) | underlining = whole or part not |
|  |  commenced or to be commenced |

Endnote 3—Legislation history

| Name | Registration | Commencement | Application, saving and transitional provisions |
| --- | --- | --- | --- |
| *Statement of Principles concerning cervical spondylosis No. 66 of 2014* | 2 July 2014F2014L00928 | 2 July 2014 |  |
| *Amendment Statement of Principles concerning cervical spondylosis No. 102 of 2019* | 21 October 2019F2019L01359 | 18 November 2019 |  |

Endnote 4—Amendment history

| Provision affected | How affected |
| --- | --- |
| Clause 6(ia)…….…..…. | ad. No. 102 of 2019 |
| Clause 6(va)………..…. | ad. No. 102 of 2019 |