



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
CERVICAL DYSTONIA (SPASMODIC
TORTICOLLIS)
(Balance of Probabilities)
(No. 42 of 2025)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 15 April 2025

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

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1 Name

This is the Statement of Principles concerning *cervical dystonia (spasmodic torticollis) (Balance of Probabilities)* (No. 42 of 2025).

2 Commencement

This instrument commences on 19 May 2025.

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning spasmodic torticollis No. 64 of 2016 (Federal Register of Legislation No. F2016L01139) made under subsection 196B(3) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about cervical dystonia (spasmodic torticollis) and death from cervical dystonia (spasmodic torticollis).

Meaning of cervical dystonia (spasmodic torticollis)

- (2) For the purposes of this Statement of Principles, cervical dystonia (spasmodic torticollis):
- (a) means a chronic focal dystonia characterised by sustained or intermittent involuntary neck muscle contractions, causing repetitive movements or abnormal movements or postures of the head, neck, and shoulders; and
 - (b) excludes:
 - (i) drug-induced dystonia;
 - (ii) generalised or hemidystonia;
 - (iii) paroxysmal dystonia;
 - (iv) congenital dystonia;

- (v) dystonia resulting from a neurological disorder;
- (vi) dystonia resulting from a structural lesion of the brain or cervical cord; and
- (vii) dystonia resulting from a local lesion of the cervical region.

Note: A percentage of patients with cervical dystonia may have other focal or segmental (affecting adjacent body parts) dystonias.

- (3) While cervical dystonia (spasmodic torticollis) attracts ICD-10-AM code G24.3, in applying this Statement of Principles the meaning of cervical dystonia (spasmodic torticollis) is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from cervical dystonia (spasmodic torticollis)

- (5) For the purposes of this Statement of Principles, cervical dystonia (spasmodic torticollis), in relation to a person, includes death from a terminal event or condition that was contributed to by the person's cervical dystonia (spasmodic torticollis).

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that cervical dystonia (spasmodic torticollis) and death from cervical dystonia (spasmodic torticollis) can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, cervical dystonia (spasmodic torticollis) or death from cervical dystonia (spasmodic torticollis) is connected with the circumstances of a person's relevant service:

- (1) inability to obtain appropriate clinical management for cervical dystonia (spasmodic torticollis) before clinical worsening.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.

- (2) The factor set out in subsection 9(1) applies only to material contribution to, or aggravation of, cervical dystonia (spasmodic torticollis) where the person's cervical dystonia (spasmodic torticollis) was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

cervical dystonia (spasmodic torticollis)—see subsection 7(2).

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

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.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

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

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

VEA means the *Veterans' Entitlements Act 1986*.