



**Australian Government**  
**Repatriation Medical Authority**

**EXPLANATORY STATEMENT**

**STATEMENT OF PRINCIPLES CONCERNING  
THORACOLUMBAR SPONDYLOSIS  
(BALANCE OF PROBABILITIES) (NO. 14 OF 2023)**

***VETERANS' ENTITLEMENTS ACT 1986***  
***MILITARY REHABILITATION AND COMPENSATION ACT 2004***

1. This is the Explanatory Statement to the *Statement of Principles concerning thoracolumbar spondylosis (Balance of Probabilities)* (No. 14 of 2023).

**Background**

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 65 of 2014 (Federal Register of Legislation No. F2014L00929) determined under subsections 196B(3) and (8) of the VEA concerning **thoracic spondylosis**.

The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 63 of 2014 (Federal Register of Legislation No. F2014L00930) determined under subsections 196B(3) [and (8)] of the VEA concerning **lumbar spondylosis**.

3. The Authority is of the view that on the sound medical-scientific evidence available it is more probable than not that **thoracolumbar spondylosis** and **death from thoracolumbar spondylosis** can be related to particular kinds of service. The Authority has therefore determined pursuant to subsection 196B(3) of the VEA a Statement of Principles concerning **thoracolumbar spondylosis (Balance of Probabilities)** (No. 14 of 2023). This Instrument will in effect replace the repealed Statements of Principles.

**Purpose and Operation**

4. The Statement of Principles will be applied in determining claims under the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA).
5. The Statement of Principles sets out the factors that must exist, and which of those factors must be related to the following kinds of service rendered by a person:
  - eligible war service (other than operational service) under the VEA;
  - defence service (other than hazardous service and British nuclear test defence service) under the VEA;
  - peacetime service under the MRCA,

before it can be said that, on the balance of probabilities, thoracolumbar spondylosis or death from thoracolumbar spondylosis is connected with the circumstances of that service. The Statement of Principles has been determined for the purposes of both the VEA and the MRCA.

6. This Instrument results from an investigation notified by the Authority in the Government Notices Gazette of 2 November 2021 concerning thoracic spondylosis and lumbar spondylosis in accordance with section 196G of the VEA. The investigations involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered.
7. The contents of this Instrument are in similar terms as the repealed Instruments. The Authority has decided to combine the previous statements of principles for thoracic spondylosis and lumbar spondylosis into one statement of principles for thoracolumbar spondylosis. Comparing this Instrument and the repealed Instruments, the differences include:
  - adopting the latest revised Instrument format, which commenced in 2015;
  - specifying a day of commencement for the Instrument in section 2;
  - new definition of 'thoracolumbar spondylosis' in subsection 7(3);
  - including ICD-10-AM codes for 'thoracolumbar spondylosis' in subsection 7(6);
  - revising the reference to 'ICD-10-AM code' in subsection 7(8);
  - revising the factors in section 9 to reflect developments in sound medical-scientific evidence.
  - revising the factor in subsection 9(1) and 9(17) concerning having an inflammatory joint disease;
  - revising the factor in subsection 9(2) and 9(18) concerning having non-viral infection of the affected joint;
  - revising the factor in subsection 9(3) and 9(19) concerning having an intra-articular fracture of the spine;
  - revising the factor in subsection 9(4) and 9(20) concerning having a spinal condition from the specified list of spinal conditions;
  - new factor in subsection 9(5) and 9(21) concerning having undergone a spinal fusion;
  - revising the factor in subsection 9(6) and 9(22) concerning for lumbar spondylosis only, having leg length inequality;
  - revising the factor in subsection 9(7) and 9(24) concerning having a depositional joint disease;
  - revising the factor in subsection 9(8) and 9(23) concerning having trauma to the thoracolumbar spine;
  - new factor in subsection 9(9) and 9(25) concerning having a penetrating injury to an intervertebral disc;
  - revising the factor in subsection 9(10) and 9(26) concerning having a thoracolumbar intervertebral disc prolapse;
  - revising the factor in subsection 9(11) and 9(27) concerning lifting loads of at least 20 kilograms;
  - revising the factor in subsection 9(12) and 9(28) concerning carrying loads of at least 20 kilograms;

- revising the factor in subsection 9(13) and 9(29) concerning for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew;
- revising the factor in subsection 9(14) and 9(30) concerning being obese;
- revising the factor in subsection 9(15) and 9(31) concerning having acromegaly;
- revising the factor in subsection 9(16) and 9(32) concerning having Paget's disease of bone involving the thoracolumbar spine;
- new definitions of '*acromegaly*', '*clinical onset*', '*imaging evidence of degenerative change*', '*penetrating injury to an intervertebral disc*', '*specified list of depositional joint diseases*', '*specified list of inflammatory joint diseases*', '*spinal fusion*', and '*trauma to the thoracolumbar spine*', in Schedule 1 - Dictionary; and
- revising the definitions of '*being obese*', '*leg length inequality*' and '*specified list of spinal conditions*', in Schedule 1 – Dictionary.

### **Consultation**

8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to thoracolumbar spondylosis in the Government Notices Gazette of 2 November 2021, and circulated a copy of the notice of intention to investigate to a wide range of organisations representing veterans, service personnel and their dependants. The Authority invited submissions from the Repatriation Commission, the Military Rehabilitation and Compensation Commission, organisations and persons referred to in section 196E of the VEA, and any person having expertise in the field. No submissions were received for consideration by the Authority in relation to the investigation.
9. On 25 November 2022, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instrument and the medical-scientific material considered by the Authority and representatives of those organisations were also invited to the public meeting where proposed instrument was discussed. At the 4 December 2022 Meeting of the Authority the factor concerning extreme forward flexion was discussed and the decision was made to remove the factor. On 27 January 2023 a draft of the proposed instrument with the deletion of factors relating to extreme forward flexion of the lumbar spine was sent to the organisations. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instrument prior to its determination. No submissions were received for consideration by the Authority.

### **Human Rights**

10. This instrument is compatible with the Human Rights and Freedoms recognised or declared in the International Instruments listed in Section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. A Statement of Compatibility with Human Rights follows.

### **Finalisation of Investigation**

11. The determining of this Instrument finalises the investigation in relation to thoracolumbar spondylosis as advertised in the Government Notices Gazette of 2 November 2021.

### **References**

12. A list of references relating to the above condition is available on the Authority's website at: [www.rma.gov.au](http://www.rma.gov.au). Any other document referred to in this Statement of Principles is available on request to the Repatriation Medical Authority at the following address:

Email: [info@rma.gov.au](mailto:info@rma.gov.au)

Post: The Registrar  
Repatriation Medical Authority  
GPO Box 1014  
BRISBANE QLD 4001



**Australian Government**  
**Repatriation Medical Authority**

## **Statement of Compatibility with Human Rights**

*(Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011)*

**Instrument No.:** **Statement of Principles No. 14 of 2023**

**Kind of Injury, Disease or Death:** **Thoracolumbar spondylosis**

This Legislative Instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

### **Overview of the Legislative Instrument**

1. This Legislative Instrument is determined pursuant to subsection 196B(3) of the *Veterans' Entitlements Act 1986* (the VEA) for the purposes of the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA). Part XIA of the VEA requires the determination of these instruments outlining the factors connecting particular kinds of injury, disease or death with service such being determined solely on the available sound medical-scientific evidence.
2. This Legislative Instrument:-
  - facilitates claimants in making, and the Repatriation Commission and the Military Rehabilitation and Compensation Commission in assessing, claims under the VEA and the MRCA respectively, by specifying the circumstances in which medical treatment and compensation can be extended to eligible persons who have thoracolumbar spondylosis;
  - facilitates the review of such decisions by the Veterans' Review Board and the Administrative Appeals Tribunal;
  - outlines the factors which the current sound medical-scientific evidence indicates must exist before it can be said that, on the balance of probabilities, thoracolumbar spondylosis is connected with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
  - replaces Instrument No. 63 of 2014; and replaces Instrument No. 65 of 2014.
  - reflects developments in the available sound medical-scientific evidence concerning thoracolumbar spondylosis which have occurred since that earlier instrument was determined.
3. The Instrument is assessed as being a technical instrument which improves the medico-scientific quality of outcomes under the VEA and the MRCA.

## Human Rights Implications

4. This Legislative Instrument does not derogate from any human rights. It promotes the human rights of veterans, current and former Defence Force members as well as other persons such as their dependents, including:
- the right to social security (Art 9, *International Covenant on Economic, Social and Cultural Rights*; Art 26, *Convention on the Rights of the Child* and Art 28, *Convention on the Rights of Persons with Disabilities*) by helping to ensure that the qualifying conditions for the benefit are 'reasonable, proportionate and transparent'<sup>1</sup>;
  - the right to an adequate standard of living (Art 11, ICESCR; Art 27, CRC and Art 28, CRPD) by facilitating the assessment and determination of social security benefits;
  - the right to the enjoyment of the highest attainable standard of physical and mental health (Art 12, ICESCR and Art 25, CRPD), by facilitating the assessment and determination of compensation and benefits in relation to the treatment and rehabilitation of veterans and Defence Force members;
  - the rights of persons with disabilities by facilitating the determination of claims relating to treatment and rehabilitation (Art 26, CRPD); and
  - ensuring that those rights "will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (Art 2, ICESCR).

## Conclusion

This Legislative Instrument is compatible with human rights as it does not derogate from and promotes a number of human rights.

Repatriation Medical Authority

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<sup>1</sup> In General Comment No. 19 (The right to social security), the Committee on Economic, Social and Cultural Rights said (at paragraph 24) this to be one of the elements of ensuring accessibility to social security.