# Reference Determination Content

*Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.*

## Cervical Spine - Spondylosis

### Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 March 2025;
- A trauma admission by the CT and MRI reports, Role 3 hospital, Afghanistan, dated 6 August 2006;
- An operation report by the spinal surgeon, dated 2 September 2006;
- An MRI and microbiology report by the radiologist and infectious diseases physician, dated 23 September 2006;
- A rheumatology consultation by the rheumatologist, dated 14 May 2009;
- A haematology consultation by the haematologist, dated 16 March 2010;
- An endocrinology consultation by the endocrinologist, dated 19 July 2011;
- A bone scan report by the nuclear medicine physician, dated 24 October 2012;
- An annual health assessment by the medical officer, Army aviation base, dated 20 November 2013;
- An outpatient health record by the medical officer, Regimental aid post, dated 17 March 2014;
- An X-ray and CT cervical spine by the radiologist, dated 8 April 2014;
- A specialist consultation by the spinal surgeon, dated 13 May 2014;
- An MRI cervical spine by the radiologist, dated 11 October 2017.

### Your service

I have identified that you have the following service:
Australian Defence Force service between :

16 January 1984 and 12 April 2019

# Cervical Spine - Spondylosis

You have stated that your condition was caused by:

- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the cervical spine before the clinical onset of cervical spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having an intra-articular fracture of the spine, at the level of, or adjacent to, the affected joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the cervical spine for at least the 6 months before the clinical onset of cervical spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the cervical spine before the clinical onset of cervical spondylosis*
- *having trauma to the cervical spine at least 6 months before the clinical onset of cervical spondylosis, and where the trauma to the cervical spine occurred within the 20 years before the clinical onset of cervical spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical onset of cervical spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a cervical intervertebral disc prolapse at least 6 months before the clinical onset of cervical spondylosis at the level of the intervertebral disc prolapse*
- *carrying loads of at least 25 kilograms on the head while upright to a cumulative total of at least 5,000 hours within any 10 year period before the clinical onset of cervical spondylosis, and where the clinical onset of cervical spondylosis occurred within the 25 years following that period*
- *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*
- *piloting a helicopter for a cumulative total of at least 1,000 hours within the 25 years before the clinical onset of cervical spondylosis*
- *being obese for at least 10 years within the 25 years before the clinical onset of cervical spondylosis*
- *having acromegaly involving the cervical spine before the clinical onset of cervical spondylosis*
- *having Paget's disease of bone involving the cervical spine before the clinical onset of cervical spondylosis*

**Diagnosis:** Spondylosis

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 March 2025, and is supported by an X-ray and CT cervical spine by the radiologist, dated 8 April 2014.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

*Statement of Principles concerning Cervical Spondylosis (Balance of Probabilities) (No. 12 of 2023)*

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the cervical spine before the clinical onset of cervical spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having an intra-articular fracture of the spine, at the level of, or adjacent to, the affected joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the cervical spine for at least the 6 months before the clinical onset of cervical spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical onset of cervical spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the cervical spine before the clinical onset of cervical spondylosis*
- *having trauma to the cervical spine at least 6 months before the clinical onset of cervical spondylosis, and where the trauma to the cervical spine occurred within the 20 years before the clinical onset of cervical spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical onset of cervical spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a cervical intervertebral disc prolapse at least 6 months before the clinical onset of cervical spondylosis at the level of the intervertebral disc prolapse*
- *carrying loads of at least 25 kilograms on the head while upright to a cumulative total of at least 5,000 hours within any 10 year period before the clinical onset of cervical spondylosis, and where the clinical onset of cervical spondylosis occurred within the 25 years following that period*
- *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*
- *piloting a helicopter for a cumulative total of at least 1,000 hours within the 25 years before the clinical onset of cervical spondylosis*
- *being obese for at least 10 years within the 25 years before the clinical onset of cervical spondylosis*

- *having acromegaly involving the cervical spine before the clinical onset of cervical spondylosis*
- *having Paget's disease of bone involving the cervical spine before the clinical onset of cervical spondylosis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with daily axial neck pain, crepitus, morning stiffness and pain on extension and rotation on 17 March 2014.

The diagnosis was confirmed by radiographs and CT on 8 April 2014, which showed C4/5 disc space narrowing with anterior and posterior osteophytes and right-sided facet arthropathy, with earlier change at C3/4. This is imaging confirmation of degenerative change of the cervical discs and joints as defined in the Statement of Principles.

This has then led to further investigations and the diagnosis of your condition of *Spondylosis*. I have accepted your condition of *Spondylosis*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 3 March 2014.

# Cervical Spine - Spondylosis (Worsening)

## Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 March 2025;
- A trauma admission by the CT and MRI reports, Role 3 hospital, Afghanistan, dated 6 August 2006;
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- A rheumatology consultation by the rheumatologist, dated 14 May 2009;
- A haematology consultation by the haematologist, dated 16 March 2010;
- An endocrinology consultation by the endocrinologist, dated 19 July 2011;
- A bone scan report by the nuclear medicine physician, dated 24 October 2012;
- An annual health assessment by the medical officer, Army aviation base, dated 20 November 2013;
- An outpatient health record by the medical officer, Regimental aid post, dated 17 March 2014;
- An X-ray and CT cervical spine by the radiologist, dated 8 April 2014;
- A specialist consultation by the spinal surgeon, dated 13 May 2014;
- An MRI cervical spine by the radiologist, dated 11 October 2017.

## Your service

I have identified that you have the following service:
Australian Defence Force service between :

16 January 1984 and 12 April 2019

## Cervical Spine - Spondylosis (Worsening)

You have stated that the worsening of your condition was caused by:

- *being a prisoner of war before the clinical worsening of cervical spondylosis*

- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the cervical spine before the clinical worsening of cervical spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having an intra-articular fracture of the spine, at the level of, or adjacent to, the affected joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the cervical spine for at least the 6 months before the clinical worsening of cervical spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the cervical spine before the clinical worsening of cervical spondylosis*
- *having trauma to the cervical spine at least 6 months before the clinical worsening of cervical spondylosis, and where the trauma to the cervical spine occurred within the 20 years before the clinical worsening of cervical spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical worsening of cervical spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a cervical intervertebral disc prolapse at least 6 months before the clinical worsening of cervical spondylosis at the level of the intervertebral disc prolapse*
- *carrying loads of at least 15 kilograms on the head while upright to a cumulative total of at least 5,000 hours within any 10 year period before the clinical worsening of cervical spondylosis*
- *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 10 year period before the clinical worsening of cervical spondylosis*
- *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*
- *piloting a helicopter for a cumulative total of at least 500 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *being obese for at least 10 years before the clinical worsening of cervical spondylosis*
- *having acromegaly involving the cervical spine before the clinical worsening of cervical spondylosis*
- *having Paget's disease of bone involving the cervical spine before the clinical worsening of cervical spondylosis*
- *inability to obtain appropriate clinical management for cervical spondylosis*

**Diagnosis:** Spondylosis (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 March 2025, and is supported by an X-ray and CT cervical spine by the radiologist, dated 8 April 2014.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

*Statement of Principles concerning Cervical Spondylosis (Reasonable Hypothesis) (No. 11 of 2023)*

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *being a prisoner of war before the clinical worsening of cervical spondylosis*
- *having an inflammatory joint disease from the specified list of inflammatory joint diseases, in the cervical spine before the clinical worsening of cervical spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having an intra-articular fracture of the spine, at the level of, or adjacent to, the affected joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the cervical spine for at least the 6 months before the clinical worsening of cervical spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical worsening of cervical spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the cervical spine before the clinical worsening of cervical spondylosis*
- *having trauma to the cervical spine at least 6 months before the clinical worsening of cervical spondylosis, and where the trauma to the cervical spine occurred within the 20 years before the clinical worsening of cervical spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical worsening of cervical spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a cervical intervertebral disc prolapse at least 6 months before the clinical worsening of cervical spondylosis at the level of the intervertebral disc prolapse*
- *carrying loads of at least 15 kilograms on the head while upright to a cumulative total of at least 5,000 hours within any 10 year period before the clinical worsening of cervical spondylosis*
- *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 10 year period before the clinical worsening of cervical spondylosis*
- *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*
- *piloting a helicopter for a cumulative total of at least 500 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *being obese for at least 10 years before the clinical worsening of cervical spondylosis*

- *having acromegaly involving the cervical spine before the clinical worsening of cervical spondylosis*
- *having Paget's disease of bone involving the cervical spine before the clinical worsening of cervical spondylosis*
- *inability to obtain appropriate clinical management for cervical spondylosis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with daily axial neck pain, crepitus, morning stiffness and pain on extension and rotation on 17 March 2014.

The diagnosis was confirmed by radiographs and CT on 8 April 2014, which showed C4/5 disc space narrowing with anterior and posterior osteophytes and right-sided facet arthropathy, with earlier change at C3/4. This is imaging confirmation of degenerative change of the cervical discs and joints as defined in the Statement of Principles.

After the condition arose, it was worsened during your service. Your captivity on warlike service in Afghanistan in 2006 preceded the worsening that began on warlike service in Iraq on 18 May 2017. Enteropathic arthritis following your Afghanistan gastroenteritis was active before the worsening on warlike service in Iraq. The septic C4/5 facet arthritis arising from your warlike service wound occurred more than 6 months before the worsening. The intra-articular C4 facet fracture sustained on warlike service in 2006 preceded the worsening by more than ten years. The C5 deformity from your warlike service injury affected the cervical spine throughout the 6 months before the worsening. The C5/6 fusion for your warlike service injury was in place more than 6 months before the worsening at the adjacent C4/5 level. Haemochromatosis arthropathy in joints damaged on warlike service was present before the worsening on warlike service in Iraq. The crash landing trauma on warlike service in 2006 occurred more than 6 months before the worsening and within the 20 years before it. The fragment penetration of the C4/5 disc on warlike service in 2006 preceded the worsening at that level. The C4/5 disc prolapse from your warlike service injury preceded the worsening at the same level. The 5,050 hours of head-borne loads, including those on non-warlike service in Rwanda, fell within a 10 year period before the worsening. The 5,400 hours of bulky neck and shoulder loads, including those on non-warlike service in Rwanda, fell within a 10 year period before the worsening. The 1,020 hours in high performance jets fell within the 25 years before the worsening. The 1,650 hours of helicopter piloting, including those on warlike service in Afghanistan, fell within the 25 years before the worsening. You had been obese for more than 14 years before the worsening on warlike service in Iraq. Acromegaly involving the cervical spine was present before the worsening on warlike service in 2017. Paget's disease of C3 and C4 was present before the worsening on warlike service in 2017. During warlike service in Iraq from May to August 2017 you could not obtain physiotherapy, imaging or a surgical opinion, and the spondylosis progressed to foraminal stenosis with C5 radiculopathy before you could be assessed.

This has then led to further investigations and the diagnosis of your condition of *Spondylosis (Worsening)*. I have accepted your condition of *Spondylosis (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 18 May 2017.

*Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.*