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 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 18 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 September 2025;
- A post-release medical review by the medical officer, Solomon Islands, dated 16 August 2003;
- A trauma record and CT cervical spine by Role 3 hospital, Iraq, dated 18 July 2006;
- An operation report by the spinal surgeon, dated 1 August 2006;
- An MRI cervical spine and infectious diseases consultation by the radiologist and infectious diseases physician, dated 21 August 2006;
- A rheumatology consultation by the rheumatologist, dated 14 May 2011;
- A haematology consultation and CT cervical spine by the haematologist and radiologist, dated 9 March 2015;
- An endocrinology consultation by the endocrinologist, dated 2 July 2018;
- An MRI cervical spine by the radiologist, dated 11 June 2019;
- A bone scan and rheumatology consultation by the rheumatologist, dated 18 February 2020;
- An aircrew medical examination by the medical officer, dated 15 November 2022;
- An outpatient health record by the medical officer, Naval air station health centre, dated 14 February 2023;
- An X-ray cervical spine by the radiologist, dated 16 February 2023;
- A specialist consultation by the spinal surgeon, dated 22 March 2023;
- An MRI cervical spine and specialist review by the radiologist and spinal surgeon, dated 10 March 2025.

Your service

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

3 February 1997 and 30 June 2024

Cervical 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: Cervical Spondylosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 September 2025, and is supported by an X-ray cervical spine by the radiologist, dated 16 February 2023.

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 constant pain and stiffness in the neck radiating to both upper trapezius regions and the base of the skull, aggravated by extension, rotation and helmet wear, with morning stiffness and occipital headaches several times a week on 14 February 2023.

The diagnosis was made on the clinical manifestations of local neck pain and stiffness, with reduced painful rotation and extension and tenderness at C3/4 and C5/6, together with imaging evidence of degenerative change: disc space narrowing and anterior and posterior osteophytes at C3/4 and C5/6 on the X-ray of 16 February 2023. This meets the Statement of Principles requirement of clinical manifestations of local pain and stiffness, or of nerve root or cord compression, with imaging evidence of degenerative change including disc space narrowing or osteophytes.

This has then led to further investigations and the diagnosis of your condition of *Cervical Spondylosis*. I have accepted your condition of *Cervical 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 7 February 2023.

Cervical 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 18 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 September 2025;
- A post-release medical review by the medical officer, Solomon Islands, dated 16 August 2003;
- A trauma record and CT cervical spine by Role 3 hospital, Iraq, dated 18 July 2006;
- An operation report by the spinal surgeon, dated 1 August 2006;
- An MRI cervical spine and infectious diseases consultation by the radiologist and infectious diseases physician, dated 21 August 2006;
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- A haematology consultation and CT cervical spine by the haematologist and radiologist, dated 9 March 2015;
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- A bone scan and rheumatology consultation by the rheumatologist, dated 18 February 2020;
- An aircrew medical examination by the medical officer, dated 15 November 2022;
- An outpatient health record by the medical officer, Naval air station health centre, dated 14 February 2023;
- An X-ray cervical spine by the radiologist, dated 16 February 2023;
- A specialist consultation by the spinal surgeon, dated 22 March 2023;
- An MRI cervical spine and specialist review by the radiologist and spinal surgeon, dated 10 March 2025.

Your service

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

3 February 1997 and 30 June 2024

Cervical Spondylosis (Worsening)

You have stated that the worsening of 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 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 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 worsening of cervical spondylosis, and where the clinical worsening 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 worsening of cervical spondylosis*
- *piloting a helicopter for a cumulative total of at least 1,000 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *being obese for at least 10 years within the 25 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: Cervical Spondylosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 September 2025, and is supported by an X-ray cervical spine by the radiologist, dated 16 February 2023.

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 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 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 worsening of cervical spondylosis, and where the clinical worsening 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 worsening of cervical spondylosis*
- *piloting a helicopter for a cumulative total of at least 1,000 hours within the 25 years before the clinical worsening of cervical spondylosis*
- *being obese for at least 10 years within the 25 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 constant pain and stiffness in the neck radiating to both upper trapezius regions and the base of the skull, aggravated by extension, rotation and helmet wear, with morning stiffness and occipital headaches several times a week on 14 February 2023.

The diagnosis was made on the clinical manifestations of local neck pain and stiffness, with reduced painful rotation and extension and tenderness at C3/4 and C5/6, together with imaging evidence of degenerative change: disc space narrowing and anterior and posterior osteophytes at C3/4 and C5/6 on the X-ray of 16 February 2023. This meets the Statement of Principles requirement of clinical manifestations of local pain and stiffness, or of nerve root or cord compression, with imaging evidence of degenerative change including disc space narrowing or osteophytes.

After the condition arose, it was worsened during your service. Ankylosing spondylitis with cervical involvement remained active before the worsening of 10 March 2025, with a flare and CRP of 29 mg/L in October 2024. The bacterial infection of the C3/4 facet joint in August 2006 occurred more than 18 years before the worsening of 10 March 2025, which included new change at C3/4. The intra-articular C4 fracture of July 2006, adjacent to the affected joints, occurred more than 18 years before the worsening of 10 March 2025. The C4 wedge deformity affected the cervical spine throughout the 6 months before the worsening, from 10 September 2024 to 10 March 2025. The C4/5 fusion of August 2006, immediately between the affected joints, was performed more than 18 years before the worsening of 10 March 2025. Haemochromatosis arthropathy of the cervical facet joints was present before the worsening of 10 March 2025, with ferritin above target in 2024 after venesection lapsed. The trauma to the cervical spine of 18 July 2006 occurred more than 6 months before, and within the 20 years before, the worsening of 10 March 2025. The fragment injury to the C3/4 disc of July 2006 preceded the worsening of 10 March 2025, in which new uncovertebral hypertrophy appeared at C3/4. The C5/6 disc prolapse of June 2019 occurred more than five years before the worsening of 10 March 2025, at the C5/6 level, which progressed to severe foraminal stenosis. The 1997 to 2007 period of carrying loads of at least 25 kilograms on the head, about 5,300 hours, preceded the worsening of 10 March 2025, which occurred within the 25 years following that period. All 1,100 hours in high performance aircraft, from 2009 to 2020, fall within the 25 years before the worsening of 10 March 2025. All 1,350 hours piloting helicopters, from 2012 to 2023, fall within the 25 years before the worsening of 10 March 2025. You were obese continuously from January 2010 to the worsening of 10 March 2025, 15 years within the 25 years before the worsening,

with a BMI of 33.5 in 2025. Acromegaly involving the cervical spine was present before the worsening of 10 March 2025, on continuing octreotide. Paget's disease of the C2 vertebra was present before the worsening of 10 March 2025. After onset a spinal surgeon recommended physiotherapy and review with MRI at six months.

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 7 February 2023.

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.