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.

Thoracic 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 14 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 May 2025;
- A trauma admission and CT report by the coalition hospital, Kuwait, dated 8 March 1991;
- An MRI report and infectious diseases consultation by the infectious diseases physician, dated 18 April 1991;
- A post-incident report and medical review by the medical officer, East Timor, dated 22 September 1999;
- A ship's medical record by the ship's medical officer, dated 2 June 2005;
- A CT report by the radiologist, Coalition medical facility, dated 14 July 2005;
- An operation report by the spinal surgeon, dated 25 July 2005;
- A rheumatology consultation by the rheumatologist, dated 10 October 2005;
- An MRI report by the radiologist, dated 12 February 2008;
- An endocrinology consultation by the endocrinologist, dated 14 May 2008;
- A bone scan by the CT report and rheumatology review, Rheumatologist, dated 18 November 2009;
- An aircrew medical examination by the medical officer, Naval air station health centre, dated 3 March 2010;
- An outpatient health record by the medical officer, Naval air station health centre, dated 23 August 2010;
- An X-ray and MRI report and sports medicine consultation by the sports physician, dated 7 October 2010;
- An MRI report and specialist review by the sports physician, dated 21 October 2013.

Your service

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

19 January 1987 and 28 April 2016

Thoracic 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 thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical onset of thoracolumbar 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 thoracolumbar spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the thoracolumbar spine for at least the 6 months before the clinical onset of thoracolumbar spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical onset of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having leg length inequality for at least the 5 years before the clinical onset of thoracolumbar spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having trauma to the thoracolumbar spine at least 6 months before the clinical onset of thoracolumbar spondylosis, and where the trauma to the thoracolumbar spine occurred within the 20 years before the clinical onset of thoracolumbar spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical onset of thoracolumbar spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a thoracolumbar intervertebral disc prolapse at least 6 months before the clinical onset of thoracolumbar spondylosis at the level of the intervertebral disc prolapse*
- *lifting loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 150,000 kilograms within any 10 year period before the clinical onset of thoracolumbar spondylosis; and (b) where the clinical onset of thoracolumbar spondylosis occurred within the 25 years following that period*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 3,800 hours within any 10 year period before the clinical onset of thoracolumbar spondylosis; and (b) where the clinical onset of thoracolumbar spondylosis occurred within the 25 years following that period*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 2,000 hours within the 25 years before the clinical onset of*

thoracolumbar spondylosis

- *being obese for at least 10 years within the 25 years before the clinical onset of thoracolumbar spondylosis*
- *having acromegaly involving the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having Paget's disease of bone involving the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*

Diagnosis: Spondylosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 May 2025, and is supported by an X-ray and MRI report and sports medicine consultation by the sports physician, dated 7 October 2010.

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

Statement of Principles concerning Thoracolumbar Spondylosis (Balance of Probabilities) (No. 14 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 thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical onset of thoracolumbar 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 thoracolumbar spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the thoracolumbar spine for at least the 6 months before the clinical onset of thoracolumbar spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical onset of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having leg length inequality for at least the 5 years before the clinical onset of thoracolumbar spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having trauma to the thoracolumbar spine at least 6 months before the clinical onset of thoracolumbar spondylosis, and where the trauma to the thoracolumbar spine occurred within the 20 years before the clinical onset of thoracolumbar spondylosis*

- *having a penetrating injury to an intervertebral disc before the clinical onset of thoracolumbar spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a thoracolumbar intervertebral disc prolapse at least 6 months before the clinical onset of thoracolumbar spondylosis at the level of the intervertebral disc prolapse*
- *lifting loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 150,000 kilograms within any 10 year period before the clinical onset of thoracolumbar spondylosis; and (b) where the clinical onset of thoracolumbar spondylosis occurred within the 25 years following that period*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 3,800 hours within any 10 year period before the clinical onset of thoracolumbar spondylosis; and (b) where the clinical onset of thoracolumbar spondylosis occurred within the 25 years following that period*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 2,000 hours within the 25 years before the clinical onset of thoracolumbar spondylosis*
- *being obese for at least 10 years within the 25 years before the clinical onset of thoracolumbar spondylosis*
- *having acromegaly involving the thoracolumbar spine before the clinical onset of thoracolumbar spondylosis*
- *having Paget's disease of bone involving the thoracolumbar spine before the clinical onset of thoracolumbar 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 mid-back pain and stiffness from the level of the shoulder blades to the thoracolumbar junction, worse on waking, after flying and on twisting, with reduced thoracic rotation on 23 August 2010.

The diagnosis was confirmed on X-ray and MRI on 7 October 2010, which showed disc space narrowing, anterior and lateral osteophytes and facet joint arthropathy from T7/8 to T10/11, and spondylosis at L1/2 below the fusion. A sports physician diagnosed thoracolumbar spondylosis on the clinical findings of constant mechanical mid-back pain, morning stiffness, reduced thoracic rotation and tenderness from T7 to T11. These findings meet the Statement of Principles definition of thoracolumbar spondylosis.

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 16 August 2010.

Thoracic 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 14 May 2025;
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- A trauma admission and CT report by the coalition hospital, Kuwait, dated 8 March 1991;
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- A CT report by the radiologist, Coalition medical facility, dated 14 July 2005;
- An operation report by the spinal surgeon, dated 25 July 2005;
- A rheumatology consultation by the rheumatologist, dated 10 October 2005;
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- A bone scan by the CT report and rheumatology review, Rheumatologist, dated 18 November 2009;
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- An outpatient health record by the medical officer, Naval air station health centre, dated 23 August 2010;
- An X-ray and MRI report and sports medicine consultation by the sports physician, dated 7 October 2010;
- An MRI report and specialist review by the sports physician, dated 21 October 2013.

Your service

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

19 January 1987 and 28 April 2016

Thoracic Spine - 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 thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical worsening of thoracolumbar 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 thoracolumbar spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the thoracolumbar spine for at least the 6 months before the clinical worsening of thoracolumbar spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical worsening of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having leg length inequality for at least the 5 years before the clinical worsening of thoracolumbar spondylosis*
- *having trauma to the thoracolumbar spine at least 6 months before the clinical worsening of thoracolumbar spondylosis, and where the trauma to the thoracolumbar spine occurred within the 20 years before the clinical worsening of thoracolumbar spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical worsening of thoracolumbar spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a thoracolumbar intervertebral disc prolapse at least 6 months before the clinical worsening of thoracolumbar spondylosis at the level of the intervertebral disc prolapse*
- *lifting loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 150,000 kilograms within any 10 year period before the clinical worsening of thoracolumbar spondylosis; and (b) where the clinical worsening of thoracolumbar spondylosis occurred within the 25 years following that period*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 3,800 hours within any 10 year period before the clinical worsening of thoracolumbar spondylosis; and (b) where the clinical worsening of thoracolumbar spondylosis occurred within the 25 years following that period*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 2,000 hours within the 25 years before the clinical worsening of thoracolumbar spondylosis*
- *being obese for at least 10 years within the 25 years before the clinical worsening of thoracolumbar spondylosis*
- *having acromegaly involving the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*

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

Diagnosis: Spondylosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 May 2025, and is supported by an X-ray and MRI report and sports medicine consultation by the sports physician, dated 7 October 2010.

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

Statement of Principles concerning Thoracolumbar Spondylosis (Balance of Probabilities) (No. 14 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 thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *having non-viral infection of the affected joint, resulting in inflammation within that joint, at least 6 months before the clinical worsening of thoracolumbar 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 thoracolumbar spondylosis*
- *having a spinal condition from the specified list of spinal conditions, affecting the thoracolumbar spine for at least the 6 months before the clinical worsening of thoracolumbar spondylosis*
- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical worsening of thoracolumbar spondylosis*
- *for lumbar spondylosis only, having leg length inequality for at least the 5 years before the clinical worsening of thoracolumbar spondylosis*
- *having trauma to the thoracolumbar spine at least 6 months before the clinical worsening of thoracolumbar spondylosis, and where the trauma to the thoracolumbar spine occurred within the 20 years before the clinical worsening of thoracolumbar spondylosis*
- *having a depositional joint disease from the specified list of depositional joint diseases, in the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *having a penetrating injury to an intervertebral disc before the clinical worsening of thoracolumbar spondylosis at the level of, or adjacent to, the intervertebral disc injury*
- *having a thoracolumbar intervertebral disc prolapse at least 6 months before the clinical worsening of thoracolumbar spondylosis at the level of the intervertebral disc prolapse*

- *lifting loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 150,000 kilograms within any 10 year period before the clinical worsening of thoracolumbar spondylosis; and (b) where the clinical worsening of thoracolumbar spondylosis occurred within the 25 years following that period*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine: (a) to a cumulative total of at least 3,800 hours within any 10 year period before the clinical worsening of thoracolumbar spondylosis; and (b) where the clinical worsening of thoracolumbar spondylosis occurred within the 25 years following that period*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 2,000 hours within the 25 years before the clinical worsening of thoracolumbar spondylosis*
- *being obese for at least 10 years within the 25 years before the clinical worsening of thoracolumbar spondylosis*
- *having acromegaly involving the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *having Paget's disease of bone involving the thoracolumbar spine before the clinical worsening of thoracolumbar spondylosis*
- *inability to obtain appropriate clinical management for thoracolumbar 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 mid-back pain and stiffness from the level of the shoulder blades to the thoracolumbar junction, worse on waking, after flying and on twisting, with reduced thoracic rotation on 23 August 2010.

The diagnosis was confirmed on X-ray and MRI on 7 October 2010, which showed disc space narrowing, anterior and lateral osteophytes and facet joint arthropathy from T7/8 to T10/11, and spondylosis at L1/2 below the fusion. A sports physician diagnosed thoracolumbar spondylosis on the clinical findings of constant mechanical mid-back pain, morning stiffness, reduced thoracic rotation and tenderness from T7 to T11. These findings meet the Statement of Principles definition of thoracolumbar spondylosis.

After the condition arose, it was worsened during your service. The reactive arthritis with thoracolumbar spondylitis remained active, with raised inflammatory markers in 2013, before the worsening documented on 21 October 2013. The T10/11 discitis of 1991 occurred more than 22 years before the worsening on 21 October 2013. The intra-articular fracture into the T11/12 facet joint in July 2005 occurred more than 8 years before the worsening on 21 October 2013. The residual wedge deformity of T12 persisted throughout the 6 months before the worsening, from 21 April 2013 to 21 October 2013. The T11 to L1 fusion of 25 July 2005 was performed more than 6 months before the worsening on 21 October 2013, immediately below the T10/11 joint and above the L1/2 joint. The uncorrected 2.2 centimetre leg length inequality persisted throughout the 5 years before the worsening, from 21 October 2008 to 21 October 2013. The hard landing of 14 July 2005 occurred more than 6 months before the worsening and within the

20 years before it, which run from 21 October 1993 to 21 October 2013. Calcium pyrophosphate dihydrate deposition disease, with calcification of the thoracic discs and ligamentum flavum, was present before the worsening on 21 October 2013. The retained fragment from the penetrating injury of 1991 remained within the T10/11 disc, which showed the new foraminal stenosis at the worsening on 21 October 2013. The T8/9 disc prolapse of February 2008 occurred more than 5 years, and so at least 6 months, before the worsening on 21 October 2013, at an affected level. The cumulative lifting of about 2,350,000 kilograms from 1989 to 1998, within a 10 year period before the worsening, continued in your aircrew duties, and the worsening in October 2013 occurred within 25 years after that period. The cumulative carrying of about 4,200 hours from 1989 to 1998, within a 10 year period before the worsening, was followed by the worsening in October 2013, within 25 years after that period. By the worsening your logbook recorded 3,050 hours as operational aircrew in engine powered aircraft, all within the 25 years before 21 October 2013, including about 570 hours on warlike service in the Middle East in 2013. Your BMI remained between 30 and 33 from 1998, 33.1 on 21 October 2013, so you were obese for more than 10 years within the 25 years before the worsening. Acromegaly involving the thoracolumbar spine, treated surgically in 2008, preceded the worsening on 21 October 2013, and the vertebral changes persisted. Paget's disease of T9 and T10 was present before the worsening on 21 October 2013, with a persistently raised alkaline phosphatase. During your 2013 deployment your increasing thoracic pain was managed with analgesia alone, as no physiotherapy or imaging was available at sea, and you kept flying long winching sorties for seven months.

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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 21 October 2013.

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.