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 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 28 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 May 2025;
- A post-incident report by the medical officer, Rwanda, dated 12 April 1995;
- A casualty record and X-ray report by the medical officer, Field hospital, Rwanda, dated 28 May 1995;
- An MRI report (biopsy and infectious diseases consultation) by the infectious diseases physician, dated 14 October 1996;
- A CT report by the radiologist, Coalition medical facility, dated 22 April 2004;
- An operation report by the spinal surgeon, dated 30 April 2004;
- An MRI report and rheumatology consultation by the rheumatologist, dated 15 June 2006;
- A discography and CT report by the pain specialist, dated 19 March 2007;
- An endocrinology consultation by the endocrinologist, dated 2 September 2010;
- A bone scan and CT report by the radiologist, dated 2 September 2010;
- An aircrew medical examination by the medical officer, RAAF base health centre, dated 8 February 2011;
- An outpatient health record by the medical officer, RAAF base health centre, dated 12 May 2011;
- An X-ray and MRI report and sports medicine consultation by the sports physician, dated 20 June 2011;
- An MRI report and procedure report by the pain specialist, dated 28 August 2014.

Your service

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

8 July 1987 and 3 December 2019

Thoracic 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: Thoracic Spondylosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 May 2025, and is supported by an X-ray and MRI report and sports medicine consultation by the sports physician, dated 20 June 2011.

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 pain and stiffness across the lower thoracic and upper lumbar spine, worse on waking and after long sorties, with reduced trunk rotation and difficulty sitting at your console on 12 May 2011.

The diagnosis was confirmed on X-ray and MRI on 20 June 2011, which showed disc space narrowing, marginal osteophytes and facet joint arthropathy at T10/11, T11/12, L1/2 and L2/3. A sports physician diagnosed thoracolumbar spondylosis on the clinical findings of constant mechanical thoracolumbar pain, morning stiffness, reduced rotation and tenderness from T10 to L3. 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 *Thoracic Spondylosis*. I have accepted your condition of *Thoracic 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 5 May 2011.

Thoracic 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 28 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 May 2025;
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- An X-ray and MRI report and sports medicine consultation by the sports physician, dated 20 June 2011;
- An MRI report and procedure report by the pain specialist, dated 28 August 2014.

Your service

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

8 July 1987 and 3 December 2019

Thoracic 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: Thoracic Spondylosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 May 2025, and is supported by an X-ray and MRI report and sports medicine consultation by the sports physician, dated 20 June 2011.

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*
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- *having undergone a spinal fusion, immediately above or below the affected joint, at least 6 months before the clinical worsening of thoracolumbar spondylosis*
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- *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 pain and stiffness across the lower thoracic and upper lumbar spine, worse on waking and after long sorties, with reduced trunk rotation and difficulty sitting at your console on 12 May 2011.

The diagnosis was confirmed on X-ray and MRI on 20 June 2011, which showed disc space narrowing, marginal osteophytes and facet joint arthropathy at T10/11, T11/12, L1/2 and L2/3. A sports physician diagnosed thoracolumbar spondylosis on the clinical findings of constant mechanical thoracolumbar pain, morning stiffness, reduced rotation and tenderness from T10 to L3. These findings meet the Statement of Principles definition of thoracolumbar spondylosis.

After the condition arose, it was worsened during your service. Psoriatic arthritis with axial involvement remained active, requiring methotrexate, before the worsening documented on 28 August 2014. The tuberculous spondylodiscitis at T11/12 occurred in 1996, more than 6 months before the worsening on 28 August 2014. The intra-articular T12/L1 facet fracture of April 2004 occurred more than 10 years before the worsening on 28 August 2014. The L1 wedge deformity persisted throughout the 6 months before the worsening, from 28 February 2014 to 28 August 2014. The T12 to L1 fusion of 30 April 2004 was performed more than 6 months before the worsening, immediately adjacent to the affected T11/12 and L1/2 joints. The uncorrected 2.3 centimetre leg length inequality persisted throughout the 5 years before the worsening, from 28 August 2009 to 28 August 2014. The rollover of 22 April 2004 occurred more than 6 months before the worsening and within the 20 years before it, which run from 28 August 1994 to 28 August 2014. Tophaceous gout involving the right T11/12 facet joint was present before the worsening on 28 August 2014, with a serum urate of 0.52 mmol/L in July 2014. The needle penetration of the T10/11, T11/12 and L2/3 discs at discography in 2007 preceded the worsening on 28 August 2014, which centred on T11/12. The T11/12 disc prolapse of June 2006 occurred more than 6 months before the worsening at the same level. The cumulative lifting of about

1,750,000 kilograms from 1987 to 1997, within a 10 year period before the worsening, was followed by the worsening in August 2014, within 25 years after that period. The cumulative carrying of about 4,000 hours from 1987 to 1997, within a 10 year period before the worsening, was followed by the worsening in August 2014, within 25 years after that period. By the worsening your logbook recorded 4,150 hours as operational aircrew in engine powered aircraft, all within the 25 years before 28 August 2014, including about 520 hours on warlike service in the Middle East in 2014. Your BMI remained between 30 and 34, 34.0 on 28 August 2014, so you were obese for more than 14 years within the 25 years before the worsening. Acromegaly involving the thoracolumbar spine preceded the worsening on 28 August 2014, and the vertebral changes persisted after pituitary surgery in 2011. Paget's disease involving T11 and L2 was present before the worsening on 28 August 2014. During your 2014 deployment your increasing pain and new radicular symptoms were managed with analgesia alone, as no physiotherapy or specialist review was available, and you kept flying sorties of up to 14 hours for six months.

This has then led to further investigations and the diagnosis of your condition of *Thoracic Spondylosis (Worsening)*. I have accepted your condition of *Thoracic 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 28 August 2014.

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.