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.

Thoracolumbar 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 30 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 April 2025;
- A prisoner of war camp medical notes by the prisoner doctor, Burma-Thailand Railway, dated 12 June 1943;
- A prisoner of war camp medical notes by the prisoner doctor, Burma-Thailand Railway, dated 20 March 1944;
- A repatriation medical examination and X-ray by the medical officer, dated 14 November 1945;
- An X-ray thoracolumbar spine and admission record by the RAAF hospital, dated 22 October 1958;
- An endocrinology consultation by the RAAF physician, dated 11 April 1960;
- A lumbar myelogram and discography reports by the radiologist, dated 12 March 1962;
- An X-ray and microbiology reports by the RAAF hospital, dated 4 April 1962;
- An operation report and bone biopsy by the orthopaedic surgeon and pathologist, dated 18 June 1963;
- An X-ray lumbar spine and knees (joint aspirate report) by the rheumatology review, dated 9 November 1964;
- A field medical record and X-ray by the medical officer, Vietnam, dated 20 July 1966;
- A field medical record and X-ray by the medical officer, Vietnam, dated 3 March 1971.

Your service

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

15 July 1940 and 30 June 1976

Thoracolumbar Spine - Spondylosis

You have stated that your condition was caused by:

- *being a prisoner of war before the clinical onset of thoracolumbar spondylosis*
- *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*
- *for lumbar spondylosis only, having a kyphotic abnormality or lordotic abnormality affecting the lumbar 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 2 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 to a cumulative total of at least 100,000 kilograms within any 10 year period before the clinical onset of thoracolumbar spondylosis*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine to a cumulative total of at least 3,800 hours within any 10 year period before the clinical onset of thoracolumbar spondylosis*

- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 1,000 hours within the 25 years before the clinical onset of thoracolumbar spondylosis*
- *being obese for at least 10 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 30 April 2025, and is supported by a field medical record and X-ray by the medical officer, Vietnam, dated 20 July 1966.

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 (Reasonable Hypothesis) (No. 13 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 onset of thoracolumbar spondylosis*
- *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*
- *for lumbar spondylosis only, having a kyphotic abnormality or lordotic abnormality affecting the lumbar 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 2 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 to a cumulative total of at least 100,000 kilograms within any 10 year period before the clinical onset of thoracolumbar spondylosis*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine to a cumulative total of at least 3,800 hours within any 10 year period before the clinical onset of thoracolumbar spondylosis*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 1,000 hours within the 25 years before the clinical onset of thoracolumbar spondylosis*
- *being obese for at least 10 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 aching pain and stiffness across the thoracolumbar junction and low back, worse after loading and long sorties and in the morning, with reduced bending and twisting on 20 July 1966.

The diagnosis was confirmed by X-ray of the thoracolumbar spine on 20 July 1966, which showed disc space narrowing with anterior and lateral osteophytes at T12/L1, L1/2, L3/4 and L5/S1 and facet joint arthropathy at L3/4 and L5/S1, in a man with persistent thoracolumbar pain and stiffness. This meets the Statement of Principles definition of thoracolumbar spondylosis, a degenerative joint disorder of the thoracolumbar vertebrae or discs, and the changes were absent at the unfused levels on the X-ray of 9 November 1964.

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 wartime service.

I have therefore accepted that this condition is related to your service with effect from 14 July 1966.

Thoracolumbar 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 30 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 April 2025;
- A prisoner of war camp medical notes by the prisoner doctor, Burma-Thailand Railway, dated 12 June 1943;
- A prisoner of war camp medical notes by the prisoner doctor, Burma-Thailand Railway, dated 20 March 1944;
- A repatriation medical examination and X-ray by the medical officer, dated 14 November 1945;
- An X-ray thoracolumbar spine and admission record by the RAAF hospital, dated 22 October 1958;
- An endocrinology consultation by the RAAF physician, dated 11 April 1960;
- A lumbar myelogram and discography reports by the radiologist, dated 12 March 1962;
- An X-ray and microbiology reports by the RAAF hospital, dated 4 April 1962;
- An operation report and bone biopsy by the orthopaedic surgeon and pathologist, dated 18 June 1963;
- An X-ray lumbar spine and knees (joint aspirate report) by the rheumatology review, dated 9 November 1964;
- A field medical record and X-ray by the medical officer, Vietnam, dated 20 July 1966;
- A field medical record and X-ray by the medical officer, Vietnam, dated 3 March 1971.

Your service

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

15 July 1940 and 30 June 1976

Thoracolumbar 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 thoracolumbar spondylosis*

- *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*
- *for lumbar spondylosis only, having a kyphotic abnormality or lordotic abnormality affecting the lumbar 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 2 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 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 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 to a cumulative total of at least 100,000 kilograms within any 10 year period before the clinical worsening of thoracolumbar spondylosis*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine to a cumulative total of at least 3,800 hours within any 10 year period before the clinical worsening of thoracolumbar spondylosis*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 1,000 hours within the 25 years before the clinical worsening of thoracolumbar spondylosis*
- *being obese for at least 10 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 30 April 2025, and is supported by a field medical record and X-ray by the medical officer, Vietnam, dated 20 July 1966.

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 (Reasonable Hypothesis) (No. 13 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 thoracolumbar spondylosis*
- *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*
- *for lumbar spondylosis only, having a kyphotic abnormality or lordotic abnormality affecting the lumbar 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 2 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 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 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 to a cumulative total of at least 100,000 kilograms within any 10 year period before the clinical worsening of thoracolumbar spondylosis*
- *carrying loads of at least 20 kilograms while bearing the weight through the thoracolumbar spine to a cumulative total of at least 3,800 hours within any 10 year period before the clinical worsening of thoracolumbar spondylosis*
- *for lumbar spondylosis only, flying in an engine powered aircraft as operational aircrew, for a cumulative total of at least 1,000 hours within the 25 years before the clinical worsening of thoracolumbar spondylosis*
- *being obese for at least 10 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 aching pain and stiffness across the thoracolumbar junction and low back, worse after loading and long sorties and in the morning, with reduced bending and twisting on 20 July 1966.

The diagnosis was confirmed by X-ray of the thoracolumbar spine on 20 July 1966, which showed disc space narrowing with anterior and lateral osteophytes at T12/L1, L1/2, L3/4 and L5/S1 and facet joint arthropathy at L3/4 and L5/S1, in a man with persistent thoracolumbar pain and stiffness. This meets the Statement of Principles definition of thoracolumbar spondylosis, a degenerative joint disorder of the thoracolumbar vertebrae or discs, and the changes were absent at the unfused levels on the X-ray of 9 November 1964.

After the condition arose, it was worsened during your service. Your captivity as a prisoner of war from 15 February 1942 to 5 September 1945 was before the clinical worsening on 22 February 1971. The reactive arthritis from your captivity continued to involve the thoracolumbar spine, with a flare in 1969 and a raised ESR in January 1971, before the worsening on 22 February 1971 on operational service in Vietnam. The L3/4 bacterial discitis of April 1962 was almost nine years before the worsening on 22 February 1971. The intra-articular L1 fracture of 22 October 1958 was more than 12 years before the worsening on 22 February 1971. The L1 wedge deformity and the lumbar scoliosis affected the thoracolumbar spine throughout the 6 months before the worsening, from 22 August 1970 to 22 February 1971, during which you were on operational service in Vietnam from 10 August 1970. The increased lumbar lordosis persisted, measured at 50 degrees in 1970, throughout the 6 months before the worsening, from 22 August

1970 to 22 February 1971, on operational service in Vietnam. The L4/5 fusion of 18 June 1963, immediately adjacent to the affected L3/4 and L5/S1 joints, was more than seven years before the worsening on 22 February 1971. The 2.8 centimetre right leg shortening from your captivity remained uncorrected throughout the 2 years before the worsening, from 22 February 1969 to 22 February 1971. Calcium pyrophosphate deposition in the thoracolumbar spine persisted, and was more extensive on the X-ray of 3 March 1971, before the clinical worsening on 22 February 1971. The pallet incident of 22 October 1958 was more than 6 months before the worsening and within the 20 years before it, from 22 February 1951 to 22 February 1971. The 1962 discography needles pierced the discs at and adjacent to the affected levels before the worsening on 22 February 1971. The L3/4 disc prolapse of March 1962 was almost nine years before the worsening, at the level of the affected L3/4 joint. The 1,440,000 kilograms lifted as a prisoner of war from 1942 to 1944 fall within a 10 year period before the worsening on 22 February 1971. The 4,800 hours of carrying loads of 20 kilograms or more as a prisoner of war fall within a 10 year period before the worsening on 22 February 1971. Your operational flying in Malaya (1,050 hours), on your first Vietnam tour (980 hours) and on your second Vietnam tour to February 1971 (410 hours) totals 2,440 hours within the 25 years before the worsening, from 22 February 1946 to 22 February 1971. You had been obese for 17 years before the worsening, with a BMI of 36.0 recorded in August 1970 on your pre-deployment examination. Acromegaly remained active, involving the thoracolumbar spine, before the worsening on 22 February 1971 on operational service in Vietnam. Paget's disease of L2 remained active before the worsening on 22 February 1971 on operational service in Vietnam. MET.

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 22 February 1971.

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.