



# Amyotrophic Lateral Sclerosis (ALS)

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This policy replaces the following VPPM 5 policy: Amyotrophic Lateral Sclerosis (ALS) - Disability Benefits.  
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## Table of Contents

[Purpose](#)

[Policy](#)

[Diagnostic Standards](#)

[Insurance Principle Considerations](#)

[Compensation Principle Considerations](#)

[Evidence Considerations](#)

[References](#)

## Purpose

The purpose of this policy is to provide guidance for the processing and adjudication of disability benefit applications related to Amyotrophic Lateral Sclerosis (ALS).

## Policy

### Diagnostic Standards

1. This policy is only applicable to those members and Veterans who present an application with a confirmed diagnosis of ALS, such that other possibilities have been ruled out.
2. To support the diagnosis of ALS, the Department will accept a diagnosis from any qualified medical practitioner, presented with a detailed medical report confirming the diagnosis, in addition to supporting clinical evidence.

### Insurance Principle Considerations

3. When reviewing a claim made under the Insurance Principle, a causal relationship does not need to be established as entitlement can also be established if the disease was incurred during service. However, if entitlement is to be based on a causal relationship, the same considerations as the Compensation Principle (see paragraph 4 below) need to be weighed as part of the evidence.

### Compensation Principle Considerations

4. When reviewing a Compensation Principle claim, the existence or absence of a causal relationship becomes relevant. In this case, several considerations should be weighed as part of the evidence. These include, **but are not limited to:**
  - a. What theories (as noted in paragraph 6) exist which could be applied in this case?
  - b. How long did the member serve?
  - c. What was the latency between service and the onset of symptoms?
  - d. What is the individual's military occupational background?

## Evidence Considerations

5. In considering the evidence, VAC will factor in the individual's medical history, length of service and occupational background, and onset of ALS symptoms in conjunction with medical research.
6. Although the cause of ALS is unknown, some scientific theories exist in regards to triggers. These theories included, but are not limited to:
  - a. Exposure to neurotoxic substances (possibly including but not limited to organophosphates and heavy metals like lead);
  - b. Viral infections;
  - c. Dietary deficiencies of poorly understood proteins that enhance neuron maintenance and growth;
  - d. Heavy labour or intensive exercise; and
  - e. Physical trauma.

Although not proven and variably controversial, in the absence of more concrete evidence, these theories should be considered with all other pieces of evidence specific to an individual's case, and Benefit of Doubt, when weighing evidence, should be applied in favour of the member/Veteran.

7. The length of time between the end of service and the onset of symptoms needs to be considered, in addition to the length of service.

## References

[\*Pension Act\*](#), subsections 5(3), 21(1), and 21(2)

[\*Canadian Forces Members and Veterans Re-establishment and Compensation Act\*](#), section 43; subsection 2(1); paragraphs 45(1)(a), and 45(1)(b)

[Benefit of Doubt](#)

[Disability Benefits in Respect of Wartime and Special Duty Service – The Insurance Principle](#)

[Disability Benefits in Respect of Peacetime Military Service – The Compensation Principle](#)

[Disability Resulting From Non-Service Related Injury or Disease](#)