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.

Ankylosing Spondylitis (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 27 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 May 2025;
- A periodic health examination and dental check by the medical officer, Fleet base health centre, dated 15 August 2006;
- A ship's medical record by the ship's medical officer, dated 4 December 2006;
- A post-deployment dental examination by the naval dental officer, dated 28 March 2007;
- An outpatient health record by the medical officer, Base health centre, dated 3 August 2007;
- MRI sacroiliac joints by the radiologist, dated 7 November 2007;
- A specialist consultation by the x-ray pelvis and pathology, Rheumatologist, dated 21 February 2008;
- A periodic health examination by the medical officer, dated 11 January 2010;
- A specialist review and X-ray lumbar spine by the rheumatologist, dated 14 April 2015;
- A pre-deployment dental examination by the naval dental officer, dated 18 January 2016;
- A ship's medical record by the ship's medical officer, dated 14 April 2016;
- An ophthalmology consultation by the ophthalmologist, dated 1 September 2016;
- A post-deployment dental examination by the naval dental officer, dated 6 September 2016;
- A specialist review and MRI spine by the rheumatologist, dated 12 September 2016.

Your service

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

14 January 2002 and 20 November 2019

Ankylosing Spondylitis (Worsening)

You have stated that the worsening of your condition was caused by:

- *for current smokers only, having smoked at least one pack-year of tobacco products before the clinical worsening of ankylosing spondylitis*
- *inability to obtain appropriate clinical management for ankylosing spondylitis*

Diagnosis: Ankylosing Spondylitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 27 May 2025, and is supported by a specialist consultation by the x-ray pelvis and pathology, Rheumatologist, dated 21 February 2008.

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

Statement of Principles concerning Ankylosing Spondylitis (Balance of Probabilities) (No. 40 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *for current smokers only, having smoked at least one pack-year of tobacco products before the clinical worsening of ankylosing spondylitis*
- *inability to obtain appropriate clinical management for ankylosing spondylitis*

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 inflammatory low back and alternating buttock pain, worse in the second half of the night and the morning, with morning stiffness of more than an hour that eased with exercise on 3 August 2007.

The diagnosis was made by a rheumatologist on 21 February 2008 and meets the modified New York criteria: inflammatory back pain for more than three months improving with exercise and not with rest, reduced lumbar flexion (modified Schober 3.5 cm) and bilateral grade 3 sacroiliitis on X-ray. MRI on 7 November 2007 showed active bilateral sacroiliitis, HLA-B27 was positive and CRP was raised at 18 mg/L.

After the condition arose, it was worsened during your service. You began smoking at recruit training in 2002 and smoked 15 cigarettes a day throughout your service, increasing to 25 a day at sea, where smoking on the upper deck was the main break from watch-keeping. After diagnosis you were prescribed daily ankylosing spondylitis exercises (regular stretching and

range of motion exercises with aerobic exercise) and a nonsteroidal anti-inflammatory drug, and in 2015 your rheumatologist recommended a tumour necrosis factor inhibitor.

This has then led to further investigations and the diagnosis of your condition of *Ankylosing Spondylitis (Worsening)*. I have accepted your condition of *Ankylosing Spondylitis (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 15 July 2007.

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