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.

Bilateral Knees - Osteoarthritis

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 26 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- A repatriation medical examination by the medical officer, Military hospital, dated 6 September 1953;
- An operation report by the surgeon, Military hospital, dated 14 October 1953;
- An outpatient health record by the medical officer, Garrison health centre, dated 3 June 1963;
- A field hospital admission (operation report and X-ray) by the surgeon, Vietnam, dated 14 September 1970;
- An outpatient health record and X-ray right knee by the medical officer, Garrison health centre, dated 17 May 1976;
- An arthroscopy report and microbiology by the orthopaedic surgeon, dated 26 July 1977;
- A discharge medical examination and trade summary by the medical officer, dated 10 March 1984;
- Nerve conduction studies by the neurologist, dated 19 September 1990;
- An MRI right knee by the radiologist, dated 12 March 1991;
- A rheumatology review and X-rays both knees by the rheumatologist, dated 22 November 1992;
- X-rays both knees by the radiologist, dated 24 June 1994;
- An arthroscopy report left knee by the orthopaedic surgeon, dated 4 August 1997;
- A bone densitometry report by the endocrinologist, dated 18 November 1998;

- An orthopaedic consultation and X-rays both knees by the orthopaedic surgeon, dated 8 June 1999.

Your service

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

2 February 1950 and 10 March 1984

Bilateral Knees - Osteoarthritis

You have stated that your condition was caused by:

- *being a prisoner of war before the clinical onset of osteoarthritis*
- *having inflammatory joint disease as specified, of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical onset of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical onset of osteoarthritis in that joint*
- *having trauma to the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee before the clinical onset of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least three years before the clinical onset of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, before the clinical onset of osteoarthritis in that joint*

- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least three years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least two years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having increased bone mineral density before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only, kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical onset of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having acromegaly before the clinical onset of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical onset of osteoarthritis in that joint*

Diagnosis: Osteoarthritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by x-rays both knees by the radiologist, dated 24 June 1994.

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

Statement of Principles concerning Osteoarthritis (Reasonable Hypothesis) (No. 61 of 2017)

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 osteoarthritis*
- *having inflammatory joint disease as specified, of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical onset of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical onset of osteoarthritis in that joint*
- *having trauma to the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee before the clinical onset of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least three years before the clinical onset of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, before the clinical onset of osteoarthritis in that joint*

- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least three years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least two years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having increased bone mineral density before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only, kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical onset of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having acromegaly before the clinical onset of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical onset of osteoarthritis in that joint*

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 aching pain in both knees on walking, standing and climbing stairs, brief morning stiffness, grating and swelling after activity, and difficulty kneeling and squatting on 20 June 1994.

The diagnosis was confirmed by weight-bearing X-rays of both knees on 24 June 1994, which showed definite osteophytes and joint space narrowing in the medial and patellofemoral compartments, and laterally on the left, Kellgren-Lawrence grade 2. The clinical picture was consistent: activity-related pain, brief morning stiffness, crepitus, bony enlargement and loss of flexion in both knees, meeting the American College of Rheumatology clinical and radiographic criteria for osteoarthritis of the knee and the Statement of Principles definition.

This has then led to further investigations and the diagnosis of your condition of *Osteoarthritis*. I have accepted your condition of *Osteoarthritis*.

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 June 1994.

Bilateral Knees - Osteoarthritis (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 26 February 2025;
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- An outpatient health record and X-ray right knee by the medical officer, Garrison health centre, dated 17 May 1976;
- An arthroscopy report and microbiology by the orthopaedic surgeon, dated 26 July 1977;
- A discharge medical examination and trade summary by the medical officer, dated 10 March 1984;
- Nerve conduction studies by the neurologist, dated 19 September 1990;
- An MRI right knee by the radiologist, dated 12 March 1991;
- A rheumatology review and X-rays both knees by the rheumatologist, dated 22 November 1992;
- X-rays both knees by the radiologist, dated 24 June 1994;
- An arthroscopy report left knee by the orthopaedic surgeon, dated 4 August 1997;
- A bone densitometry report by the endocrinologist, dated 18 November 1998;
- An orthopaedic consultation and X-rays both knees by the orthopaedic surgeon, dated 8 June 1999.

Your service

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

2 February 1950 and 10 March 1984

Bilateral Knees - Osteoarthritis (Worsening)

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

- *having inflammatory joint disease as specified, of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical worsening of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having trauma to the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee before the clinical worsening of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least three years before the clinical worsening of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least three years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical worsening of osteoarthritis in that joint*

- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least two years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having osteoporosis before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only, kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least one year before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical worsening of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having acromegaly before the clinical worsening of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical worsening of osteoarthritis in that joint*
- *inability to obtain appropriate clinical management for osteoarthritis*

Diagnosis: Osteoarthritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by x-rays both knees by the radiologist, dated 24 June 1994.

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

Statement of Principles concerning Osteoarthritis (Reasonable Hypothesis) (No. 61 of 2017)

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

I am satisfied that you have met the following factor:

- *having inflammatory joint disease as specified, of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical worsening of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having trauma to the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee before the clinical worsening of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least three years before the clinical worsening of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical worsening of osteoarthritis in that joint*
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- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least three years before the clinical worsening of osteoarthritis in that joint*
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- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical worsening of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having acromegaly before the clinical worsening of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical worsening of osteoarthritis in that joint*
- *inability to obtain appropriate clinical management for osteoarthritis*

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 aching pain in both knees on walking, standing and climbing stairs, brief morning stiffness, grating and swelling after activity, and difficulty kneeling and squatting on 20 June 1994.

The diagnosis was confirmed by weight-bearing X-rays of both knees on 24 June 1994, which showed definite osteophytes and joint space narrowing in the medial and patellofemoral compartments, and laterally on the left, Kellgren-Lawrence grade 2. The clinical picture was consistent: activity-related pain, brief morning stiffness, crepitus, bony enlargement and loss of flexion in both knees, meeting the American College of Rheumatology clinical and radiographic criteria for osteoarthritis of the knee and the Statement of Principles definition.

After the condition arose, it was worsened during your service. Rheumatoid arthritis involving both knees was present before the worsening on 8 June 1999. The septic arthritis of the left knee in captivity after warlike service in Korea in 1952, and of the right knee in 1977, preceded the worsening on 8 June 1999. The left tibial plateau fracture sustained on warlike service in Vietnam in 1970 involved the articular surface and preceded the worsening on 8 June 1999. The left knee haemarthrosis from the fracture on warlike service in Vietnam in 1970, and a further haemarthrosis after a fall on 21 July 1997, preceded the worsening on 8 June 1999. Calcium pyrophosphate deposition disease and gout affecting both knees were present before the worsening on 8 June 1999. The left knee trauma on warlike service in Vietnam in 1970, the right knee trauma of 1976 and the fall onto the left knee on 21 July 1997 all preceded the worsening on 8 June 1999. The acute cartilage tears of the left knee in 1970 and 1997 and of the right knee in 1977 preceded the worsening on 8 June 1999. The left lateral meniscal tear from warlike service in Vietnam in 1970 and the left medial meniscal tear of 1997 preceded the worsening on 8 June 1999. Frostbite of both knees sustained as a prisoner of war after warlike service in Korea preceded the worsening on 8 June 1999. The valgus malunion from warlike service in Vietnam persisted for more than three years before the worsening on 8 June 1999. Subchondral osteonecrosis of the right knee preceded the worsening on 8 June 1999. The power grip work as a service vehicle mechanic, including on warlike service in Vietnam, preceded the worsening on 8 June 1999. Your use of vibrating pneumatic tools for more than ten years, including on warlike service in Vietnam, preceded the worsening on 8 June 1999. The amputation and asymmetric gait from frostbite in captivity after warlike service in Korea persisted for more than three years before the worsening on 8 June 1999. The lifting of more than 180,000 kilograms from 1962 to 1972, including on warlike service in Vietnam, preceded the worsening on 8 June 1999. The carrying of loads for more than 3,800 hours from 1950 to 1960, including on warlike service in Korea and operational service in Malaya, preceded the worsening on 8 June 1999. The ladder and stair climbing from 1966 to 1968, including on warlike service in Vietnam, preceded the worsening on 8 June 1999. Bone densitometry on 18 November 1998 showed osteoporosis with a lumbar spine T-score of minus 2.7, after 12 years of prednisolone for rheumatoid arthritis. You were overweight for more than ten years before the worsening on 8 June 1999. Your waist circumference exceeded 102 cm for more than ten years before the worsening. Your waist circumference exceeded 88 cm for more than ten years before the worsening. The year of kneeling and squatting on warlike service in Vietnam from 1966 to 1967 preceded the worsening on 8 June 1999. Internal derangement of both knees preceded the worsening on 8 June 1999. Chondromalacia patellae of both knees preceded the worsening on 8 June 1999. The neuropathy from captivity after warlike service in Korea preceded the worsening on 8 June 1999. Paget's disease around both knees preceded the worsening on 8 June 1999. Acromegaly preceded the

worsening on 8 June 1999. Instability of both knees was present more than one year before the worsening on 8 June 1999. Bilateral femoroacetabular impingement syndrome preceded the worsening on 8 June 1999. As a prisoner of war you received no treatment for the septic arthritis of the left knee in 1952 or for frostbite, and on warlike service in Vietnam in 1970 the tibial plateau fracture was fixed in a field hospital without later correction of the malunion.

This has then led to further investigations and the diagnosis of your condition of *Osteoarthritis (Worsening)*. I have accepted your condition of *Osteoarthritis (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 14 June 1994.

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.