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 Shoulders - Rotator Cuff Syndrome

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;
- An operation report (right shoulder) by the orthopaedic surgeon, dated 14 May 1991;
- A transplant operation report by the transplant surgeon, dated 20 June 2001;
- An operation report (left shoulder) by the orthopaedic surgeon, dated 22 March 2006;
- A rheumatology consultation by the rheumatologist, dated 15 March 2008;
- An oncology consultation by the medical oncologist, dated 20 September 2011;
- A pre-deployment medical by the medical officer, dated 10 May 2012;
- A role 2 treatment record by the medical officer, Middle East Area of Operations, dated 5 October 2012;
- An outpatient health record by the medical officer, Base health centre, dated 19 November 2012;
- A shoulder radiographs (ultrasound and aspirate reports) by the radiologist and pathologist, dated 26 November 2012;
- A specialist consultation by the sports physician, dated 3 December 2012;
- An operation report (bilateral arthroscopic washout) by the orthopaedic surgeon, dated 7 December 2012;
- An MRI shoulders report by the radiologist, dated 14 August 2013.

Your service

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

20 January 1984 and 18 July 2014

Bilateral Shoulders - Rotator Cuff Syndrome

You have stated that your condition was caused by:

- *having an injury to the affected shoulder within the 30 days before the clinical onset of rotator cuff syndrome*
- *undergoing a surgical procedure involving the affected shoulder joint before the clinical onset of rotator cuff syndrome*
- *performing any combination of: (a) repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees; or (b) forceful activities with the affected upper limb; for at least 160 hours within a period of 210 consecutive days before the clinical onset of rotator cuff syndrome, and where the repetitive or sustained or forceful activities have not ceased more than 30 days before the clinical onset of rotator cuff syndrome*
- *performing repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees for at least 4,000 hours within the 10 years before the clinical onset of rotator cuff syndrome*
- *lifting or carrying loads of at least 20 kilograms using the upper limb of the affected side for at least 400 hours within the 10 years before the clinical onset of rotator cuff syndrome*
- *having dialysis-related amyloidosis before the clinical onset of rotator cuff syndrome*
- *regularly using the upper limbs for weight-bearing for a continuous period of at least the 1 year before the clinical onset of rotator cuff syndrome*
- *having anatomical narrowing of the subacromial space on the affected side at the time of the clinical onset of rotator cuff syndrome*
- *having joint instability of the affected shoulder, or dislocation or subluxation of the affected shoulder joint before the clinical onset of rotator cuff syndrome*
- *having an infection of the subacromial bursa or subdeltoid bursa of the affected shoulder at the time of the clinical onset of rotator cuff syndrome*
- *having an autoimmune disease from the specified list of autoimmune diseases, involving the shoulder joint or associated bursae of the affected side, before the clinical onset of rotator cuff syndrome*
- *having gout involving the affected shoulder at the time of the clinical onset of rotator cuff syndrome*
- *having diabetes mellitus before the clinical onset of rotator cuff syndrome*
- *having dyslipidaemia before the clinical onset of rotator cuff syndrome*
- *taking a glucocorticoid drug as specified before the clinical onset of rotator cuff syndrome*
- *taking a fluoroquinolone antibiotic within the 60 days before the clinical onset of rotator cuff syndrome*

Diagnosis: Rotator Cuff Syndrome

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 April 2025, and is supported by a specialist consultation by the sports physician, dated 3 December 2012.

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

Statement of Principles concerning Rotator Cuff Syndrome (Balance of Probabilities) (No. 110 of 2022)

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

I am satisfied that you have met the following factor:

- *having an injury to the affected shoulder within the 30 days before the clinical onset of rotator cuff syndrome*
- *undergoing a surgical procedure involving the affected shoulder joint before the clinical onset of rotator cuff syndrome*
- *performing any combination of: (a) repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees; or (b) forceful activities with the affected upper limb; for at least 160 hours within a period of 210 consecutive days before the clinical onset of rotator cuff syndrome, and where the repetitive or sustained or forceful activities have not ceased more than 30 days before the clinical onset of rotator cuff syndrome*
- *performing repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees for at least 4,000 hours within the 10 years before the clinical onset of rotator cuff syndrome*
- *lifting or carrying loads of at least 20 kilograms using the upper limb of the affected side for at least 400 hours within the 10 years before the clinical onset of rotator cuff syndrome*
- *having dialysis-related amyloidosis before the clinical onset of rotator cuff syndrome*
- *regularly using the upper limbs for weight-bearing for a continuous period of at least the 1 year before the clinical onset of rotator cuff syndrome*
- *having anatomical narrowing of the subacromial space on the affected side at the time of the clinical onset of rotator cuff syndrome*
- *having joint instability of the affected shoulder, or dislocation or subluxation of the affected shoulder joint before the clinical onset of rotator cuff syndrome*
- *having an infection of the subacromial bursa or subdeltoid bursa of the affected shoulder at the time of the clinical onset of rotator cuff syndrome*
- *having an autoimmune disease from the specified list of autoimmune diseases, involving the shoulder joint or associated bursae of the affected side, before the clinical onset of rotator cuff syndrome*
- *having gout involving the affected shoulder at the time of the clinical onset of rotator cuff syndrome*

- *having diabetes mellitus before the clinical onset of rotator cuff syndrome*
- *having dyslipidaemia before the clinical onset of rotator cuff syndrome*
- *taking a glucocorticoid drug as specified before the clinical onset of rotator cuff syndrome*
- *taking a fluoroquinolone antibiotic within the 60 days before the clinical onset of rotator cuff syndrome*

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 in both shoulders, worse with overhead work and lifting, night pain preventing you from lying on either side, weakness of shoulder elevation and a painful arc of movement on 19 November 2012.

The diagnosis was confirmed by a sports physician on 3 December 2012 on the clinical findings of bilateral painful arcs, positive impingement tests and painful weakness of resisted abduction, and on ultrasound of 26 November 2012, which showed supraspinatus tendinopathy with partial-thickness tears and subacromial bursitis in both shoulders. This meets the Statement of Principles definition of rotator cuff syndrome, which includes rotator cuff tendinopathy, tear and subacromial impingement syndrome. Adhesive capsulitis was excluded clinically, with preserved passive external rotation.

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

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 12 November 2012.

Bilateral Shoulders - Rotator Cuff Syndrome (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;
- An operation report (right shoulder) by the orthopaedic surgeon, dated 14 May 1991;
- A transplant operation report by the transplant surgeon, dated 20 June 2001;
- An operation report (left shoulder) by the orthopaedic surgeon, dated 22 March 2006;
- A rheumatology consultation by the rheumatologist, dated 15 March 2008;
- An oncology consultation by the medical oncologist, dated 20 September 2011;
- A pre-deployment medical by the medical officer, dated 10 May 2012;
- A role 2 treatment record by the medical officer, Middle East Area of Operations, dated 5 October 2012;
- An outpatient health record by the medical officer, Base health centre, dated 19 November 2012;
- A shoulder radiographs (ultrasound and aspirate reports) by the radiologist and pathologist, dated 26 November 2012;
- A specialist consultation by the sports physician, dated 3 December 2012;
- An operation report (bilateral arthroscopic washout) by the orthopaedic surgeon, dated 7 December 2012;
- An MRI shoulders report by the radiologist, dated 14 August 2013.

Your service

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

20 January 1984 and 18 July 2014

Bilateral Shoulders - Rotator Cuff Syndrome (Worsening)

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

- *having an injury to the affected shoulder within the 30 days before the clinical worsening of rotator cuff syndrome*
- *undergoing a surgical procedure involving the affected shoulder joint before the clinical worsening of rotator cuff syndrome*
- *performing any combination of: (a) repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees; or (b) forceful activities with the affected upper limb; for at least 160 hours within a period of 210 consecutive days before the clinical worsening of rotator cuff syndrome, and where the repetitive or sustained or forceful activities have not ceased more than 30 days before the clinical worsening of rotator cuff syndrome*
- *performing repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees for at least 4,000 hours within the 10 years before the clinical worsening of rotator cuff syndrome*
- *lifting or carrying loads of at least 20 kilograms using the upper limb of the affected side for at least 400 hours within the 10 years before the clinical worsening of rotator cuff syndrome*
- *having dialysis-related amyloidosis before the clinical worsening of rotator cuff syndrome*
- *regularly using the upper limbs for weight-bearing for a continuous period of at least the 1 year before the clinical worsening of rotator cuff syndrome*
- *having anatomical narrowing of the subacromial space on the affected side at the time of the clinical worsening of rotator cuff syndrome*
- *having joint instability of the affected shoulder, or dislocation or subluxation of the affected shoulder joint before the clinical worsening of rotator cuff syndrome*
- *having an infection of the subacromial bursa or subdeltoid bursa of the affected shoulder at the time of the clinical worsening of rotator cuff syndrome*
- *having an autoimmune disease from the specified list of autoimmune diseases, involving the shoulder joint or associated bursae of the affected side, before the clinical worsening of rotator cuff syndrome*
- *having gout involving the affected shoulder at the time of the clinical worsening of rotator cuff syndrome*
- *having diabetes mellitus before the clinical worsening of rotator cuff syndrome*
- *having dyslipidaemia before the clinical worsening of rotator cuff syndrome*
- *taking a glucocorticoid drug as specified before the clinical worsening of rotator cuff syndrome*
- *taking a fluoroquinolone antibiotic within the 60 days before the clinical worsening of rotator cuff syndrome*
- *inability to obtain appropriate clinical management for rotator cuff syndrome*

Diagnosis: Rotator Cuff Syndrome (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 specialist consultation by the sports physician, dated 3 December 2012.

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

Statement of Principles concerning Rotator Cuff Syndrome (Balance of Probabilities) (No. 110 of 2022)

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

I am satisfied that you have met the following factor:

- *having an injury to the affected shoulder within the 30 days before the clinical worsening of rotator cuff syndrome*
- *undergoing a surgical procedure involving the affected shoulder joint before the clinical worsening of rotator cuff syndrome*
- *performing any combination of: (a) repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees; or (b) forceful activities with the affected upper limb; for at least 160 hours within a period of 210 consecutive days before the clinical worsening of rotator cuff syndrome, and where the repetitive or sustained or forceful activities have not ceased more than 30 days before the clinical worsening of rotator cuff syndrome*
- *performing repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees for at least 4,000 hours within the 10 years before the clinical worsening of rotator cuff syndrome*
- *lifting or carrying loads of at least 20 kilograms using the upper limb of the affected side for at least 400 hours within the 10 years before the clinical worsening of rotator cuff syndrome*
- *having dialysis-related amyloidosis before the clinical worsening of rotator cuff syndrome*
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- *having an infection of the subacromial bursa or subdeltoid bursa of the affected shoulder at the time of the clinical worsening of rotator cuff syndrome*
- *having an autoimmune disease from the specified list of autoimmune diseases, involving the shoulder joint or associated bursae of the affected side, before the clinical worsening of rotator cuff syndrome*

- *having gout involving the affected shoulder at the time of the clinical worsening of rotator cuff syndrome*
- *having diabetes mellitus before the clinical worsening of rotator cuff syndrome*
- *having dyslipidaemia before the clinical worsening of rotator cuff syndrome*
- *taking a glucocorticoid drug as specified before the clinical worsening of rotator cuff syndrome*
- *taking a fluoroquinolone antibiotic within the 60 days before the clinical worsening of rotator cuff syndrome*
- *inability to obtain appropriate clinical management for rotator cuff syndrome*

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 in both shoulders, worse with overhead work and lifting, night pain preventing you from lying on either side, weakness of shoulder elevation and a painful arc of movement on 19 November 2012.

The diagnosis was confirmed by a sports physician on 3 December 2012 on the clinical findings of bilateral painful arcs, positive impingement tests and painful weakness of resisted abduction, and on ultrasound of 26 November 2012, which showed supraspinatus tendinopathy with partial-thickness tears and subacromial bursitis in both shoulders. This meets the Statement of Principles definition of rotator cuff syndrome, which includes rotator cuff tendinopathy, tear and subacromial impingement syndrome. Adhesive capsulitis was excluded clinically, with preserved passive external rotation.

After the condition arose, it was worsened during your service. The fall onto both outstretched arms on 28 July 2013 was 17 days before the worsening on 14 August 2013, within 30 days. Bilateral arthroscopic subacromial washout and bursectomy on 7 December 2012 was a surgical procedure involving the shoulder joints before the worsening. Your logs record about 380 hours of overhead and forceful work in the 210 days before the worsening, from 16 January 2013 to 14 August 2013, continuing to 26 July 2013, within 30 days of the worsening. Overhead work above 60 degrees totalled about 6,500 hours in the 10 years before the worsening, from 14 August 2003 to 14 August 2013. Lifting of 20 to 35 kilograms with each arm totalled about 1,050 hours in the 10 years before the worsening. Dialysis-related amyloidosis of both shoulders preceded the worsening. Regular upper-limb weight-bearing in wing bays and fuel tanks continued through the year before the worsening, from 14 August 2012 to 14 August 2013. Anatomical narrowing of the subacromial space was present at the worsening, with a right acromiohumeral distance of 5 mm on 14 August 2013. The right shoulder dislocation of 1990 and left subluxations from 2005 preceded the worsening. A recurrent Staphylococcus aureus subacromial bursal infection was present at the worsening, confirmed on aspiration on 16 August 2013. Rheumatoid arthritis involving both shoulders preceded the worsening. Gout involving the shoulders was present at the worsening, with urate crystals on aspiration on 16 August 2013. Post-transplant diabetes mellitus preceded the worsening. Dyslipidaemia preceded the worsening. Continuous prednisolone and bilateral subacromial triamcinolone injections on 4

February 2013 preceded the worsening. Moxifloxacin 400 mg daily from 01 to 10 July 2013, for pneumonia, ended 35 days before the worsening, within the 60 days before it. After diagnosis on 3 December 2012 the sports physician requested urgent elective orthopaedic review of the cuff tears and a graded rehabilitation program, but the referral was not actioned by the base health centre for 7 months, physiotherapy was limited to three sessions, and surgery was deferred pending immunosuppression clearance.

This has then led to further investigations and the diagnosis of your condition of *Rotator Cuff Syndrome (Worsening)*. I have accepted your condition of *Rotator Cuff Syndrome (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 14 August 2013.

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.