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.

Hips - Osteitis Pubis / Symphysis Pubis Degeneration (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 14 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 April 2025;
- A recruit training medical record by the medical officer, dated 12 July 1990;
- An outpatient health record and X-ray pelvis by the medical officer, Naval health centre, dated 16 May 1994;
- A rheumatology consultation and X-ray reports by the rheumatologist, dated 14 June 2004;
- An MRI arthrography report by the orthopaedic surgeon, dated 21 September 2005;
- A ship's medical record by the CT pelvis and aeromedical evacuation record, dated 3 August 2007;
- An operation report by the orthopaedic trauma surgeon, dated 8 August 2007;
- CT pelvis and stress views by the orthopaedic surgeon, dated 10 February 2009;
- Infectious diseases and orthopaedic discharge summary dated 22 March 2009;
- A bone densitometry report by the radiologist, dated 15 November 2010;
- A treatment record by the medical officer, Afghanistan, dated 14 January 2011;
- A neurosurgical discharge summary by the neurosurgeon, dated 2 February 2012;
- An MRI pelvis report by the radiologist, dated 19 June 2012;
- An endocrinology consultation by the endocrinologist, dated 30 October 2012;
- A bone scan report by the nuclear medicine physician, dated 14 May 2013;
- A periodic health examination by the medical officer, dated 5 March 2014;
- An orthopaedic consultation and X-ray pelvis by the orthopaedic surgeon, dated 18 September 2014;

- A bone densitometry report by the radiologist, dated 12 August 2019;
- CT pelvis and orthopaedic review by the orthopaedic surgeon, dated 9 March 2021.

Your service

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

14 February 1990 and 30 June 2022

Hips - Osteitis Pubis / Symphysis Pubis Degeneration (osteoarthritis)

You have stated that your condition was caused by:

- *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 within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years 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 five 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 hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 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 five 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: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 five years, within the 25 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: (a) 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 two years before the clinical onset of osteoarthritis in that joint; and (b) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *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: Osteitis Pubis / Symphysis Pubis Degeneration (osteoarthritis)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 April 2025, and is supported by an orthopaedic consultation and X-ray pelvis by the orthopaedic surgeon, dated 18 September 2014.

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 (Balance of Probabilities) (No. 62 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 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 within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years 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 five 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 hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 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 five 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: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 five years, within the 25 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: (a) 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 two years before the clinical onset of osteoarthritis in that joint; and (b) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 deep, aching pain over the pubic symphysis and in both groins on walking, climbing ladders, standing on one leg and rolling in bed, with morning and post-rest stiffness and grinding at the symphysis on 18 September 2014.

The diagnosis was made by an orthopaedic surgeon on 18 September 2014 on mechanical pubic pain with stiffness after rest, tenderness and crepitus over the symphysis, and X-ray showing joint space narrowing, subchondral sclerosis, marginal osteophytes and subchondral cysts at the symphysis. This meets the Statement of Principles definition of osteoarthritis, a degenerative joint disease with loss of articular cartilage and associated bone changes.

This has then led to further investigations and the diagnosis of your condition of *Osteitis Pubis / Symphysis Pubis Degeneration (osteoarthritis)*. I have accepted your condition of *Osteitis Pubis / Symphysis Pubis Degeneration (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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 11 September 2014.

Hips - Osteitis Pubis / Symphysis Pubis Degeneration (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 14 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 April 2025;
- A recruit training medical record by the medical officer, dated 12 July 1990;
- An outpatient health record and X-ray pelvis by the medical officer, Naval health centre, dated 16 May 1994;
- A rheumatology consultation and X-ray reports by the rheumatologist, dated 14 June 2004;
- An MRI arthrography report by the orthopaedic surgeon, dated 21 September 2005;
- A ship's medical record by the CT pelvis and aeromedical evacuation record, dated 3 August 2007;
- An operation report by the orthopaedic trauma surgeon, dated 8 August 2007;
- CT pelvis and stress views by the orthopaedic surgeon, dated 10 February 2009;
- Infectious diseases and orthopaedic discharge summary dated 22 March 2009;
- A bone densitometry report by the radiologist, dated 15 November 2010;
- A treatment record by the medical officer, Afghanistan, dated 14 January 2011;
- A neurosurgical discharge summary by the neurosurgeon, dated 2 February 2012;
- An MRI pelvis report by the radiologist, dated 19 June 2012;
- An endocrinology consultation by the endocrinologist, dated 30 October 2012;
- A bone scan report by the nuclear medicine physician, dated 14 May 2013;
- A periodic health examination by the medical officer, dated 5 March 2014;
- An orthopaedic consultation and X-ray pelvis by the orthopaedic surgeon, dated 18 September 2014;
- A bone densitometry report by the radiologist, dated 12 August 2019;
- CT pelvis and orthopaedic review by the orthopaedic surgeon, dated 9 March 2021.

Your service

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

14 February 1990 and 30 June 2022

Hips - Osteitis Pubis / Symphysis Pubis Degeneration (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 within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years 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 five 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 hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 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 five 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: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 five years, within the 25 years 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: (a) 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 two years before the clinical worsening of osteoarthritis in that joint; and (b) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *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: Osteitis Pubis / Symphysis Pubis Degeneration (osteoarthritis) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 April 2025, and is supported by an orthopaedic consultation and X-ray pelvis by the orthopaedic surgeon, dated 18 September 2014.

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 (Balance of Probabilities) (No. 62 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 within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years 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 five 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 hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at*

least ten years, within the 25 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 five 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: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 five years, within the 25 years 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: (a) 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 two years before the clinical worsening of osteoarthritis in that joint; and (b) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 deep, aching pain over the pubic symphysis and in both groins on walking, climbing ladders, standing on one leg and rolling in bed, with morning and post-rest stiffness and grinding at the symphysis on 18 September 2014.

The diagnosis was made by an orthopaedic surgeon on 18 September 2014 on mechanical pubic pain with stiffness after rest, tenderness and crepitus over the symphysis, and X-ray showing joint space narrowing, subchondral sclerosis, marginal osteophytes and subchondral cysts at the symphysis. This meets the Statement of Principles definition of osteoarthritis, a degenerative joint disease with loss of articular cartilage and associated bone changes.

After the condition arose, it was worsened during your service. Ankylosing spondylitis involving the symphysis was present from 2004, before the worsening on 9 March 2021. The septic arthritis of the symphysis of March 2009 preceded the worsening on 9 March 2021. The intra-articular fracture of August 2007 preceded the worsening. The haemarthrosis of the symphysis of August 2007 preceded the worsening. Calcium pyrophosphate deposition in the symphysis, shown from 2011 and increased on CT on 9 March 2021, was present before the worsening. The trauma of 3 August 2007 occurred within the 25 years before the worsening on 9 March 2021. The acute tear of the interpubic disc and articular cartilage of August 2007 occurred within the 25 years before the worsening. The acute medial meniscal tear of the right knee of August 2007 occurred within the 25 years before the worsening. The frostbite over the pubic region of January 2011 preceded the worsening. The rotational malunion of the left hemipelvis was present from 2008, more than five years before the worsening on 9 March 2021. The subchondral osteonecrosis of the left pubic body shown in June 2012 preceded the worsening. The sustained power grip of your boatswain's duties from 1990 to 2003 preceded the worsening. The use of needle guns and chipping hammers on most days from 1990 to 2001 occurred within the 25 years before the worsening on 9 March 2021. The asymmetric gait present from March 2008 continued for more than five years before the worsening. The lifting of about 410 000 kilograms from 1990 to 2000 preceded the worsening, which occurred within the 25 years following that period. The carrying of about 4 600 hours of loads from 1990 to 2000 preceded the worsening, which occurred within the 25 years following that period. The eight years of ladder climbing from 1990 to 1998 fell within the 25 years before the worsening on 9 March 2021. You were overweight from 2002 to 2021, more than ten years before the worsening; your BMI was 30.1 in March 2021. Your waist exceeded 102 cm from 2003 to 2021, more than ten years before the worsening. Your waist exceeded 88 centimetres at every measurement from 2003 to 2021, more than ten years before the worsening. The ten years of daily kneeling and squatting from 1992 to 2002

preceded the worsening, which occurred within the 25 years following that period. The internal derangement of the right knee from August 2007 was present before the worsening. Chondromalacia patellae of the right knee was present before the worsening. The loss of pain sensation and proprioception from cauda equina syndrome in 2012 persisted before the worsening. Paget's disease of the pelvis was present before the worsening, with increased uptake on bone scan in 2020. Acromegaly, diagnosed in 2012, preceded the worsening. Symphyseal instability recorded from February 2009 was present more than one year before the worsening. Bilateral cam femoroacetabular impingement syndrome, diagnosed in 2005, preceded the worsening. From June 2019 your referral for pelvic reconstructive surgery was delayed for 14 months while you were posted to a remote patrol base with no physiotherapy or orthopaedic service, and elective surgery was then deferred during 2020.

This has then led to further investigations and the diagnosis of your condition of *Osteitis Pubis / Symphysis Pubis Degeneration (osteoarthritis) (Worsening)*. I have accepted your condition of *Osteitis Pubis / Symphysis Pubis Degeneration (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 9 March 2021.

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.