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.

Left Acromioclavicular Joint - 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 15 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 October 2025;
- A post-release medical debrief by the medical officer, Iraq, dated 14 April 2003;
- A CT left shoulder by the radiologist, dated 30 April 2003;
- An MRI left shoulder by the radiologist, dated 6 May 2003;
- An operation report by the orthopaedic surgeon, dated 20 June 2003;
- A recompression treatment record by the diving medical officer, dated 18 November 2006;
- A neurology consultation and nerve studies by the neurologist, dated 5 February 2007;
- A ship's medical record and evacuation summary by the medical officer, dated 22 April 2009;
- A rheumatology consultation by the rheumatologist, dated 10 March 2010;
- An operation report and microbiology by the orthopaedic surgeon, dated 12 August 2010;
- A long-bone surveillance MRI by the radiologist, dated 14 June 2011;
- A role 2 treatment record by the medical officer, Afghanistan, dated 19 July 2012;
- An endocrinology consultation by the endocrinologist, dated 20 February 2013;
- A bone scintigraphy and DXA by the nuclear medicine physician, dated 3 April 2013;
- A joint aspiration and X-ray by the sports physician, dated 20 February 2014;
- An MRI arthrogram right hip by the radiologist, dated 8 October 2014;
- An outpatient health record by the medical officer, Naval health centre, dated 16 May 2016;
- An X-ray left shoulder by the radiologist, dated 1 June 2016;
- A DXA by the radiologist, dated 12 June 2019;
- An MRI left shoulder by the radiologist, dated 3 March 2021;

- An operation report by the orthopaedic surgeon, dated 14 June 2021.

Your service

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

16 January 1990 and 30 November 2021

Left Acromioclavicular Joint - 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: Osteoarthritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 October 2025, and is supported by an X-ray left shoulder by the radiologist, dated 1 June 2016.

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 top of the left shoulder, worse with overhead work, carrying loads on that shoulder, reaching across your body and lying on the left side, with grinding on movement and a tender bony prominence.After the 2021 worsening the pain became constant, disturbed your sleep most nights and limited overhead reaching, lifting above shoulder height and carrying, despite surgery on 16 May 2016.

The diagnosis was made on X-ray of 1 June 2016, which showed narrowing of the acromioclavicular joint space, marginal osteophytes, subchondral sclerosis and subchondral cysts, together with the clinical findings on 16 May 2016 of pain over the joint, bony swelling, tenderness, crepitus and a positive cross-body adduction test. This meets the Statement of Principles definition of osteoarthritis, a degenerative joint disease with loss of articular cartilage and changes in the subchondral bone and joint margins.

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 13 May 2016.

Left Acromioclavicular Joint - 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 15 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 October 2025;
- A post-release medical debrief by the medical officer, Iraq, dated 14 April 2003;
- A CT left shoulder by the radiologist, dated 30 April 2003;
- An MRI left shoulder by the radiologist, dated 6 May 2003;
- An operation report by the orthopaedic surgeon, dated 20 June 2003;
- A recompression treatment record by the diving medical officer, dated 18 November 2006;
- A neurology consultation and nerve studies by the neurologist, dated 5 February 2007;
- A ship's medical record and evacuation summary by the medical officer, dated 22 April 2009;
- A rheumatology consultation by the rheumatologist, dated 10 March 2010;
- An operation report and microbiology by the orthopaedic surgeon, dated 12 August 2010;
- A long-bone surveillance MRI by the radiologist, dated 14 June 2011;
- A role 2 treatment record by the medical officer, Afghanistan, dated 19 July 2012;
- An endocrinology consultation by the endocrinologist, dated 20 February 2013;
- A bone scintigraphy and DXA by the nuclear medicine physician, dated 3 April 2013;
- A joint aspiration and X-ray by the sports physician, dated 20 February 2014;
- An MRI arthrogram right hip by the radiologist, dated 8 October 2014;
- An outpatient health record by the medical officer, Naval health centre, dated 16 May 2016;
- An X-ray left shoulder by the radiologist, dated 1 June 2016;
- A DXA by the radiologist, dated 12 June 2019;
- An MRI left shoulder by the radiologist, dated 3 March 2021;
- An operation report by the orthopaedic surgeon, dated 14 June 2021.

Your service

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

16 January 1990 and 30 November 2021

Left Acromioclavicular Joint - 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: Osteoarthritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 October 2025, and is supported by an X-ray left shoulder by the radiologist, dated 1 June 2016.

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 top of the left shoulder, worse with overhead work, carrying loads on that shoulder, reaching across your body and lying on the left side, with grinding on movement and a tender bony prominence.After the 2021 worsening the pain became constant, disturbed your sleep most nights and limited overhead reaching, lifting above shoulder height and carrying, despite surgery on 16 May 2016.

The diagnosis was made on X-ray of 1 June 2016, which showed narrowing of the acromioclavicular joint space, marginal osteophytes, subchondral sclerosis and subchondral cysts, together with the clinical findings on 16 May 2016 of pain over the joint, bony swelling, tenderness, crepitus and a positive cross-body adduction test. This meets the Statement of Principles definition of osteoarthritis, a degenerative joint disease with loss of articular cartilage and changes in the subchondral bone and joint margins.

After the condition arose, it was worsened during your service. The psoriatic arthropathy involving the left acromioclavicular joint since 2010 remained active, requiring prednisolone from 2017 to 2019, before the worsening on 3 March 2021. The septic arthritis of the left acromioclavicular joint in August 2010 preceded the worsening on 3 March 2021. The intra-articular fracture of the distal clavicle of 14 April 2003 preceded the worsening on 3 March 2021. The haemarthrosis of the left acromioclavicular joint of April 2003 preceded the worsening on 3 March 2021. Calcium pyrophosphate dihydrate deposition disease of the left acromioclavicular joint persisted, with a further pseudogout attack on 11 November 2020, before the worsening on 3 March 2021. The trauma of 14 April 2003 occurred within the 25 years before the worsening, from 3 March 1996 to 3 March 2021. The acute articular cartilage tear of the distal clavicle found at arthroscopy on 20 June 2003 occurred within the 25 years before the worsening on 3 March 2021. The acute medial meniscal tear of the left knee of 22 April 2009 occurred within the 25 years before the worsening on 3 March 2021. The deep contact frostbite over the left acromioclavicular joint of 19 July 2012 preceded the worsening on 3 March 2021. The malunion of the distal clavicle, with 9 mm superior displacement and 15 degrees of angulation, had been present for almost 18 years before the worsening on 3 March 2021. The dysbaric osteonecrosis of the distal clavicle and acromion shown in June 2011 preceded the worsening, and MRI on 3 March 2021 showed subchondral collapse at the site. The sustained power grip of your duties from 1992 to 2008, averaging more than 30 hours a week for more than ten years within 15 years, preceded the worsening on 3 March 2021. The use of vibrating percussive tools on most days from 1993 to 2008 included more than twelve years, 1996 to 2008, within the 25 years before the worsening on 3 March 2021. The asymmetric gait from the shortened right tibia had been present for almost twelve years before the worsening on 3 March 2021. The lifting of about 170,000 kilograms from 1991 to 2001 preceded the worsening, which occurred within 25 years of that period. The carrying of about 4,200 hours from 1993 to 2003 preceded the worsening, which occurred within 25 years of that period. The ladder climbing of about 200 rungs and steps a day from January 1994 to June 2002 included more than six continuous years, March 1996 to June 2002, within the 25 years before the worsening on 3

March 2021. Your BMI was above 25 from 2005 and was 31.4 in 2021, so you were overweight for 16 years before the worsening on 3 March 2021. Your waist exceeded 102 cm from 2005 and measured 112 cm in 2021, more than ten years before the worsening on 3 March 2021. Your waist exceeded 88 centimetres at every measurement from 2005 to 2021, more than ten years before the worsening on 3 March 2021. The kneeling and squatting of more than an hour a day from 1990 to 2000 preceded the worsening, which occurred within 25 years of that period. The internal derangement of the left knee from 22 April 2009 was present before the worsening on 3 March 2021. Chondromalacia patellae of the left knee, diagnosed in 1996, was present before the worsening on 3 March 2021. The sensory and proprioceptive loss over the left shoulder from spinal decompression sickness in 2006 persisted before the worsening on 3 March 2021. Paget's disease of the left clavicle and acromion, diagnosed in 2013, remained active on scintigraphy in 2020, before the worsening on 3 March 2021. Acromegaly, diagnosed in 2013, preceded the worsening on 3 March 2021, and its effects on cartilage and bone persisted after surgery. The dislocation and instability of the left acromioclavicular joint from April 2003 preceded the worsening by almost 18 years. Cam-type femoroacetabular impingement syndrome of the right hip, diagnosed in 2014, was present before the worsening on 3 March 2021. During eleven days of captivity in Iraq in April 2003 the fracture-dislocation received no treatment at all, and after release reduction was no longer possible, so the joint healed malunited.

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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 3 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.