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 Elbow - Common Extensor/flexor Tendinopathy

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 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 15 January 2013;
- A stool culture and outpatient record by the medical officer, Role 1 health facility, Afghanistan, dated 1 August 2013;
- A physician consultation by Role 2 physician, Afghanistan, dated 28 August 2013;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 10 September 2013;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 23 September 2013;
- An ultrasound left elbow report and sports medicine consultation by the sports physician, dated 5 December 2013;
- An MRI sacroiliac joints report and rheumatology consultation by the rheumatologist, dated 22 June 2016;
- An outpatient health record and ultrasound report by the medical officer, Role 2 facility, Iraq, dated 23 April 2019;
- An outpatient health record by the medical officer, Role 2 facility, Iraq, dated 7 May 2019;
- An MRI left elbow report by the radiologist, dated 2 September 2019;
- An operation note by the orthopaedic surgeon, dated 18 February 2020.

Your service

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

30 July 2006 and 18 August 2023

Left Elbow - Common Extensor/flexor Tendinopathy

You have stated that your condition was caused by:

- *performing forceful activities with the hand or forearm on the affected side, in combination with: (a) repetitive activities with the hand or forearm on the affected side; or (b) sustained activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical onset of epicondylitis*
- *using a hand-held computer mouse on the affected side for at least 20 hours per week in the 6 months before the clinical onset of epicondylitis*
- *having a sudden alteration of loading pattern as specified for a continuous period of at least 1 hour, within the 3 days before the clinical onset of epicondylitis*
- *taking a fluoroquinolone antibiotic within the 14 days before the clinical onset of epicondylitis*
- *having spondyloarthritis at the time of the clinical onset of epicondylitis*

Diagnosis: Common Extensor/flexor Tendinopathy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by an ultrasound left elbow report and sports medicine consultation by the sports physician, dated 5 December 2013.

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

Statement of Principles concerning Epicondylitis (Reasonable Hypothesis) (No. 5 of 2023)

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

I am satisfied that you have met the following factor:

- *performing forceful activities with the hand or forearm on the affected side, in combination with: (a) repetitive activities with the hand or forearm on the affected side; or (b) sustained activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical onset of epicondylitis*
- *using a hand-held computer mouse on the affected side for at least 20 hours per week in the 6 months before the clinical onset of epicondylitis*
- *having a sudden alteration of loading pattern as specified for a continuous period of at least 1 hour, within the 3 days before the clinical onset of epicondylitis*

- *taking a fluoroquinolone antibiotic within the 14 days before the clinical onset of epicondylitis*
- *having spondyloarthritis at the time of the clinical onset of epicondylitis*

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 and sharp pain over both the outer and inner sides of the left elbow, worse with gripping, using the mouse, hammering and lifting, with weakness of grip and morning stiffness of the elbow.After the 2019 worsening the pain became constant, with night pain, severe weakness of grip and pain on lifting even light objects on 23 September 2013.

The diagnosis was confirmed by a sports physician on 5 December 2013 on the clinical findings of tenderness at both the left lateral and medial epicondyles, pain on resisted wrist extension and on resisted wrist flexion and reduced grip strength, supported by ultrasound showing hypoechoic thickening and neovascularity of both the common extensor and common flexor origins. This meets the Statement of Principles definition of epicondylitis, which includes both lateral and medial epicondylitis.

This has then led to further investigations and the diagnosis of your condition of *Common Extensor/flexor Tendinopathy*. I have accepted your condition of *Common Extensor/flexor Tendinopathy*.

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 19 September 2013.

Left Elbow - Common Extensor/flexor Tendinopathy (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 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 15 January 2013;
- A stool culture and outpatient record by the medical officer, Role 1 health facility, Afghanistan, dated 1 August 2013;
- A physician consultation by Role 2 physician, Afghanistan, dated 28 August 2013;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 10 September 2013;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 23 September 2013;
- An ultrasound left elbow report and sports medicine consultation by the sports physician, dated 5 December 2013;
- An MRI sacroiliac joints report and rheumatology consultation by the rheumatologist, dated 22 June 2016;
- An outpatient health record and ultrasound report by the medical officer, Role 2 facility, Iraq, dated 23 April 2019;
- An outpatient health record by the medical officer, Role 2 facility, Iraq, dated 7 May 2019;
- An MRI left elbow report by the radiologist, dated 2 September 2019;
- An operation note by the orthopaedic surgeon, dated 18 February 2020.

Your service

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

30 July 2006 and 18 August 2023

Left Elbow - Common Extensor/flexor Tendinopathy (Worsening)

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

- *performing forceful activities with the hand or forearm on the affected side, in combination with: (a) repetitive activities with the hand or forearm on the affected side; or (b) sustained activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical worsening of epicondylitis*
- *using a hand-held computer mouse on the affected side for at least 20 hours per week in the 6 months before the clinical worsening of epicondylitis*
- *having a sudden alteration of loading pattern as specified for a continuous period of at least 1 hour, within the 3 days before the clinical worsening of epicondylitis*
- *taking a fluoroquinolone antibiotic within the 14 days before the clinical worsening of epicondylitis*
- *having spondyloarthritis at the time of the clinical worsening of epicondylitis*
- *inability to obtain appropriate clinical management for epicondylitis*

Diagnosis: Common Extensor/flexor Tendinopathy (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by an ultrasound left elbow report and sports medicine consultation by the sports physician, dated 5 December 2013.

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

Statement of Principles concerning Epicondylitis (Reasonable Hypothesis) (No. 5 of 2023)

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

I am satisfied that you have met the following factor:

- *performing forceful activities with the hand or forearm on the affected side, in combination with: (a) repetitive activities with the hand or forearm on the affected side; or (b) sustained activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical worsening of epicondylitis*
- *using a hand-held computer mouse on the affected side for at least 20 hours per week in the 6 months before the clinical worsening of epicondylitis*
- *having a sudden alteration of loading pattern as specified for a continuous period of at least 1 hour, within the 3 days before the clinical worsening of epicondylitis*
- *taking a fluoroquinolone antibiotic within the 14 days before the clinical worsening of epicondylitis*

- *having spondyloarthritis at the time of the clinical worsening of epicondylitis*
- *inability to obtain appropriate clinical management for epicondylitis*

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 and sharp pain over both the outer and inner sides of the left elbow, worse with gripping, using the mouse, hammering and lifting, with weakness of grip and morning stiffness of the elbow.After the 2019 worsening the pain became constant, with night pain, severe weakness of grip and pain on lifting even light objects on 23 September 2013.

The diagnosis was confirmed by a sports physician on 5 December 2013 on the clinical findings of tenderness at both the left lateral and medial epicondyles, pain on resisted wrist extension and on resisted wrist flexion and reduced grip strength, supported by ultrasound showing hypoechoic thickening and neovascularity of both the common extensor and common flexor origins. This meets the Statement of Principles definition of epicondylitis, which includes both lateral and medial epicondylitis.

After the condition arose, it was worsened during your service. During warlike service in Iraq you performed at least an hour a day of forceful, repetitive and sustained left-handed work with masts, stakes, equipment cases and jerry cans on more days than not throughout the 4 weeks before the worsening, from 26 March 2019 to 23 April 2019. You used a mouse with your left hand for about 30 hours a week at headquarters from October 2018 and about 45 hours a week on warlike service in Iraq from 10 January 2019, throughout the 6 months before the worsening, from 23 October 2018 to 23 April 2019. On 21 April 2019, during warlike service in Iraq, you spent eight continuous hours dismantling the communications node and lifting and loading 30 kilogram equipment cases for a relocation, more than doubling your usual heavy manual work at well above 5 METs, two days before the worsening on 23 April 2019. During warlike service in Iraq you took ciprofloxacin from 12 to 16 April 2019 for infective diarrhoea, within the 14 days before the worsening on 23 April 2019. Ankylosing spondylitis, which evolved from the reactive arthritis contracted on warlike service in Afghanistan in 2013, was present at the worsening on 23 April 2019 during warlike service in Iraq. On warlike service in Afghanistan in 2013 and in Iraq in 2019 physiotherapy and specialist care were not available, and in 2019 operational needs meant you could not be relieved of mouse and manual work, so the condition progressed to partial tearing before treatment was possible.

This has then led to further investigations and the diagnosis of your condition of *Common Extensor/flexor Tendinopathy (Worsening)*. I have accepted your condition of *Common Extensor/flexor Tendinopathy (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 23 April 2019.

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.