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 Tendon Strain

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 28 May 2012;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 8 October 2012;
- An ultrasound left elbow report by the radiologist, Role 3 hospital, Afghanistan, dated 11 October 2012;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 29 October 2012;
- A physiotherapy assessment by the physiotherapist, dated 18 April 2013;
- An outpatient health record by the medical officer, Role 2 facility, Iraq, dated 14 February 2018;
- An MRI left elbow report and orthopaedic consultation by the coalition hospital, Iraq, dated 3 March 2018;
- A specialist consultation by the orthopaedic surgeon, dated 20 July 2018;
- An operation note by the orthopaedic surgeon, dated 15 November 2018.

Your service

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

18 January 2010 and 5 May 2022

Left Elbow - Common Extensor Tendon Strain

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Common Extensor Tendon Strain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by an ultrasound left elbow report by the radiologist, Role 3 hospital, Afghanistan, dated 11 October 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 Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

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 sudden sharp pain over the outer left elbow, swelling, weakness of grip, and pain on lifting, turning a spanner or shaking hands on 8 October 2012.

The diagnosis was confirmed by ultrasound on 11 October 2012, which showed a 6 millimetre partial-thickness tear of the left common extensor origin with surrounding fluid, and thickening of the radial collateral ligament with intact fibres. The clinical findings of immediate pain, swelling and tenderness at the lateral epicondyle, pain on resisted wrist extension and weak grip after a sudden forceful injury were typical. This meets the Statement of Principles definition of strain as an injury involving the tearing of a tendon associated with the onset of pain and tenderness at that site within the 24 hours following the injury, and of sprain for the radial collateral ligament.

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

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 8 October 2012.

Left Elbow - Common Extensor Tendon Strain (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 28 May 2012;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 8 October 2012;
- An ultrasound left elbow report by the radiologist, Role 3 hospital, Afghanistan, dated 11 October 2012;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 29 October 2012;
- A physiotherapy assessment by the physiotherapist, dated 18 April 2013;
- An outpatient health record by the medical officer, Role 2 facility, Iraq, dated 14 February 2018;
- An MRI left elbow report and orthopaedic consultation by the coalition hospital, Iraq, dated 3 March 2018;
- A specialist consultation by the orthopaedic surgeon, dated 20 July 2018;
- An operation note by the orthopaedic surgeon, dated 15 November 2018.

Your service

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

18 January 2010 and 5 May 2022

Left Elbow - Common Extensor Tendon Strain (Worsening)

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

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*

- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Common Extensor Tendon Strain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by an ultrasound left elbow report by the radiologist, Role 3 hospital, Afghanistan, dated 11 October 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 Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

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 sudden sharp pain over the outer left elbow, swelling, weakness of grip, and pain on lifting, turning a spanner or shaking hands on 8 October 2012.

The diagnosis was confirmed by ultrasound on 11 October 2012, which showed a 6 millimetre partial-thickness tear of the left common extensor origin with surrounding fluid, and thickening of the radial collateral ligament with intact fibres. The clinical findings of immediate pain, swelling and tenderness at the lateral epicondyle, pain on resisted wrist extension and weak grip after a sudden forceful injury were typical. This meets the Statement of Principles definition of strain as an injury involving the tearing of a tendon associated with the onset of pain and tenderness at that site within the 24 hours following the injury, and of sprain for the radial collateral ligament.

After the condition arose, it was worsened during your service. During warlike service in Iraq, on 14 February 2018, the weight of a slipping starter motor forced your extended left elbow into varus, worsening the radial collateral ligament sprain to a partial tear. During warlike service in Iraq, on 14 February 2018, the left wrist extensors were forcibly stretched while contracting hard to hold the slipping starter motor, and the common extensor origin re-tore to a high-grade partial

tear. On warlike service in Afghanistan in 2012 you had no access to physiotherapy and was returned to heavy duties after eight days because of operational demands.

This has then led to further investigations and the diagnosis of your condition of *Common Extensor Tendon Strain (Worsening)*. I have accepted your condition of *Common Extensor Tendon Strain (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 14 February 2018.

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