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 - Olecranon Bursitis

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 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A dermatology consultation by the dermatologist, dated 14 March 2008;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 22 September 2010;
- A haematology consultation and bone marrow report by the haematologist, dated 7 April 2011;
- A wound management record by the surgeon, Role 2 facility, Afghanistan, dated 2 June 2012;
- A wound review by the medical officer, Role 1 facility, Afghanistan, dated 9 June 2012;
- An outpatient health record (ultrasound and microbiology report) by the medical officer, Role 2 facility, Afghanistan, dated 19 June 2012;
- A procedure record (incision and drainage) by the surgeon, Role 2 facility, Afghanistan, dated 30 July 2012;
- An aeromedical evacuation and inpatient record by Role 3 hospital, Afghanistan, dated 20 August 2012;
- An X-ray left elbow report by the radiologist, dated 28 September 2012;
- An operation report and histopathology (bursectomy) by the orthopaedic surgeon, dated 14 November 2012.

Your service

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

8 January 2000 and 26 July 2019

Left Elbow - Olecranon Bursitis

You have stated that your condition was caused by:

- *having a bacterial, fungal or algal infection involving the affected bursa at the time of the clinical onset of olecranon bursitis*
- *having trauma to the external elbow of the affected side in the 30 days before the clinical onset of olecranon bursitis*
- *having surgery to the external elbow of the affected side in the 30 days before the clinical onset of olecranon bursitis*
- *for septic olecranon bursitis only, being in an immunocompromised state as specified at the time of the clinical onset of olecranon bursitis*
- *having a disorder from the specified list of disorders at the time of the clinical onset of olecranon bursitis*
- *having psoriasis, localised sclerosis, atopic dermatitis or another inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected elbow, at the time of the clinical onset of olecranon bursitis*
- *being treated with a tyrosine kinase inhibitor within the 30 days before the clinical onset of olecranon bursitis*

Diagnosis: Olecranon Bursitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 July 2025, and is supported by an outpatient health record (ultrasound and microbiology report) by the medical officer, Role 2 facility, Afghanistan, dated 19 June 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 Olecranon Bursitis (Reasonable Hypothesis) (No. 63 of 2018)

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

I am satisfied that you have met the following factor:

- *having a bacterial, fungal or algal infection involving the affected bursa at the time of the clinical onset of olecranon bursitis*

- *having trauma to the external elbow of the affected side in the 30 days before the clinical onset of olecranon bursitis*
- *having surgery to the external elbow of the affected side in the 30 days before the clinical onset of olecranon bursitis*
- *for septic olecranon bursitis only, being in an immunocompromised state as specified at the time of the clinical onset of olecranon bursitis*
- *having a disorder from the specified list of disorders at the time of the clinical onset of olecranon bursitis*
- *having psoriasis, localised sclerosis, atopic dermatitis or another inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected elbow, at the time of the clinical onset of olecranon bursitis*
- *being treated with a tyrosine kinase inhibitor within the 30 days before the clinical onset of olecranon bursitis*

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 painful swelling over the back of the left elbow, redness, warmth and fever, with pain on leaning on the elbow and on full bending on 19 June 2012.

The diagnosis was confirmed on 19 June 2012 by a fluctuant, tender, warm swelling of the left olecranon bursa with surrounding cellulitis, ultrasound showing a distended thick-walled bursa containing debris, and aspiration of purulent fluid that grew Staphylococcus aureus. This meets the Statement of Principles definition of olecranon bursitis, in its septic form.

This has then led to further investigations and the diagnosis of your condition of *Olecranon Bursitis*. I have accepted your condition of *Olecranon Bursitis*.

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 18 June 2012.

Left Elbow - Olecranon Bursitis (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 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A dermatology consultation by the dermatologist, dated 14 March 2008;
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- An outpatient health record (ultrasound and microbiology report) by the medical officer, Role 2 facility, Afghanistan, dated 19 June 2012;
- A procedure record (incision and drainage) by the surgeon, Role 2 facility, Afghanistan, dated 30 July 2012;
- An aeromedical evacuation and inpatient record by Role 3 hospital, Afghanistan, dated 20 August 2012;
- An X-ray left elbow report by the radiologist, dated 28 September 2012;
- An operation report and histopathology (bursectomy) by the orthopaedic surgeon, dated 14 November 2012.

Your service

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

8 January 2000 and 26 July 2019

Left Elbow - Olecranon Bursitis (Worsening)

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

- *having a bacterial, fungal or algal infection involving the affected bursa at the time of the clinical worsening of olecranon bursitis*
- *having trauma to the external elbow of the affected side in the 30 days before the clinical worsening of olecranon bursitis*
- *having surgery to the external elbow of the affected side in the 30 days before the clinical worsening of olecranon bursitis*
- *for septic olecranon bursitis only, being in an immunocompromised state as specified at the time of the clinical worsening of olecranon bursitis*
- *having a disorder from the specified list of disorders at the time of the clinical worsening of olecranon bursitis*
- *having psoriasis, localised sclerosis, atopic dermatitis or another inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected elbow, at the time of the clinical worsening of olecranon bursitis*
- *being treated with a tyrosine kinase inhibitor within the 30 days before the clinical worsening of olecranon bursitis*
- *inability to obtain appropriate clinical management for olecranon bursitis*

Diagnosis: Olecranon Bursitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 July 2025, and is supported by an outpatient health record (ultrasound and microbiology report) by the medical officer, Role 2 facility, Afghanistan, dated 19 June 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 Olecranon Bursitis (Reasonable Hypothesis) (No. 63 of 2018)

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

I am satisfied that you have met the following factor:

- *having a bacterial, fungal or algal infection involving the affected bursa at the time of the clinical worsening of olecranon bursitis*
- *having trauma to the external elbow of the affected side in the 30 days before the clinical worsening of olecranon bursitis*
- *having surgery to the external elbow of the affected side in the 30 days before the clinical worsening of olecranon bursitis*
- *for septic olecranon bursitis only, being in an immunocompromised state as specified at the time of the clinical worsening of olecranon bursitis*
- *having a disorder from the specified list of disorders at the time of the clinical worsening of olecranon bursitis*

- *having psoriasis, localised sclerosis, atopic dermatitis or another inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected elbow, at the time of the clinical worsening of olecranon bursitis*
- *being treated with a tyrosine kinase inhibitor within the 30 days before the clinical worsening of olecranon bursitis*
- *inability to obtain appropriate clinical management for olecranon bursitis*

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 painful swelling over the back of the left elbow, redness, warmth and fever, with pain on leaning on the elbow and on full bending on 19 June 2012.

The diagnosis was confirmed on 19 June 2012 by a fluctuant, tender, warm swelling of the left olecranon bursa with surrounding cellulitis, ultrasound showing a distended thick-walled bursa containing debris, and aspiration of purulent fluid that grew Staphylococcus aureus. This meets the Statement of Principles definition of olecranon bursitis, in its septic form.

After the condition arose, it was worsened during your service. Methicillin-resistant Staphylococcus aureus was grown from the recurrent bursal abscess on warlike service in Afghanistan on 20 August 2012, the date of the worsening. On warlike service in Afghanistan the bursa was incised on 30 July 2012, and from 4 August 2012 you again braced and rubbed your elbows on the turret hatch rim on patrols, within the 30 days before the worsening. Incision and drainage of the left olecranon bursa was performed at the role 2 facility in Afghanistan on 30 July 2012, 21 days before the worsening. The worsening was septic, and chronic myeloid leukaemia treated with imatinib was present on warlike service at the worsening on 20 August 2012. Diabetes and gout were present at the worsening on warlike service, with an HbA1c of 8.3 per cent and urate crystals in the bursal aspirate on 20 August 2012. Active psoriasis of the left extensor elbow was recorded on warlike service on 20 August 2012. Imatinib was taken daily on warlike service in Afghanistan throughout the 30 days before the worsening, from 21 July to 20 August 2012. On warlike service in Afghanistan the septic bursitis was treated only with oral antibiotics, aspiration and drainage at a role 2 facility, with return to turret duties within days, and no rest, splinting, intravenous antibiotics or specialist review until the bursitis had recurred as a resistant abscess on 20 August 2012.

This has then led to further investigations and the diagnosis of your condition of *Olecranon Bursitis (Worsening)*. I have accepted your condition of *Olecranon Bursitis (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 20 August 2012.

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.