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 - 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 9 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 September 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 18 August 2008;
- A patrol medical record by the combat medic, Afghanistan, dated 17 January 2009;
- An X-ray and ultrasound left elbow reports by the radiologist, Role 3 hospital, Afghanistan, dated 19 January 2009;
- An outpatient health record by the medical officer, Afghanistan, dated 12 February 2009;
- A physiotherapy assessment by the physiotherapist, dated 2 June 2009;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 3 April 2013;
- An ultrasound and X-ray left elbow reports by the radiologist, Role 3 hospital, Afghanistan, dated 5 April 2013;
- An outpatient health record by the medical officer, Afghanistan, dated 20 April 2013;
- An MRI left elbow report and orthopaedic consultation by the orthopaedic surgeon, dated 15 August 2013.

Your service

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

6 March 2003 and 20 June 2018

Left Elbow - 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: Strain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 September 2025, and is supported by an X-ray and ultrasound left elbow reports by the radiologist, Role 3 hospital, Afghanistan, dated 19 January 2009.

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 at the front and inner side of the left elbow, swelling and bruising, pain on bending the elbow against resistance and an inability to fully straighten the arm on 17 January 2009.

The diagnosis was confirmed by ultrasound on 19 January 2009, which showed a partial tear of the brachialis at its musculotendinous junction with haematoma, and a thickened but intact anterior bundle of the ulnar collateral ligament, with no fracture on X-ray. The clinical findings of immediate anterior and medial elbow pain, swelling, tenderness over the brachialis and painful resisted flexion after a forced hyperextension injury were typical. This meets the Statement of Principles definition of strain as an injury involving the tearing of a muscle associated with the onset of pain and tenderness at that site within the 24 hours following the injury, and of sprain for the ulnar collateral ligament.

This has then led to further investigations and the diagnosis of your condition of *Strain*. I have accepted your condition of *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 17 January 2009.

Left Elbow - 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 9 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 September 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 18 August 2008;
- A patrol medical record by the combat medic, Afghanistan, dated 17 January 2009;
- An X-ray and ultrasound left elbow reports by the radiologist, Role 3 hospital, Afghanistan, dated 19 January 2009;
- An outpatient health record by the medical officer, Afghanistan, dated 12 February 2009;
- A physiotherapy assessment by the physiotherapist, dated 2 June 2009;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 3 April 2013;
- An ultrasound and X-ray left elbow reports by the radiologist, Role 3 hospital, Afghanistan, dated 5 April 2013;
- An outpatient health record by the medical officer, Afghanistan, dated 20 April 2013;
- An MRI left elbow report and orthopaedic consultation by the orthopaedic surgeon, dated 15 August 2013.

Your service

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

6 March 2003 and 20 June 2018

Left Elbow - 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: Strain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 September 2025, and is supported by an X-ray and ultrasound left elbow reports by the radiologist, Role 3 hospital, Afghanistan, dated 19 January 2009.

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 at the front and inner side of the left elbow, swelling and bruising, pain on bending the elbow against resistance and an inability to fully straighten the arm on 17 January 2009.

The diagnosis was confirmed by ultrasound on 19 January 2009, which showed a partial tear of the brachialis at its musculotendinous junction with haematoma, and a thickened but intact anterior bundle of the ulnar collateral ligament, with no fracture on X-ray. The clinical findings of immediate anterior and medial elbow pain, swelling, tenderness over the brachialis and painful resisted flexion after a forced hyperextension injury were typical. This meets the Statement of Principles definition of strain as an injury involving the tearing of a muscle associated with the onset of pain and tenderness at that site within the 24 hours following the injury, and of sprain for the ulnar collateral ligament.

After the condition arose, it was worsened during your service. During warlike service in Afghanistan, on 3 April 2013, your loaded body weight wrenched your left elbow into hyperextension and valgus when a compound wall gave way during a clearance task, worsening the ulnar collateral ligament sprain to a partial tear. During warlike service in Afghanistan, on 3 April 2013, the left elbow flexors were forcibly stretched while contracting hard to haul you over the collapsing wall, and the brachialis re-tore to a high-grade tear. On warlike service in Afghanistan in 2009 and again in 2013 physiotherapy, advanced imaging and orthopaedic care

were not available, and operational manning returned you to loaded patrolling and route clearance within days of each injury, before healing was complete.

This has then led to further investigations and the diagnosis of your condition of *Strain (Worsening)*. I have accepted your condition of *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 3 April 2013.

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