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 - Tendinopathy/Lateral Epicondylitis

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 18 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 March 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 22 November 2011;
- A pre-deployment medical examination by the medical officer, dated 18 January 2012;
- An outpatient health record and pathology by the medical officer, Forward operating base, Afghanistan, dated 4 June 2012;
- An outpatient health record and prescription by the medical officer, Forward operating base, Afghanistan, dated 7 June 2012;
- A workshop work log by the section commander, dated 15 June 2012;
- An outpatient health record by the medical officer, Forward operating base, Afghanistan, dated 19 June 2012;
- An ultrasound left elbow report by the radiologist, dated 8 October 2012;
- A specialist consultation by the rheumatologist, dated 12 November 2012;
- An MRI sacroiliac joints report and rheumatology review by the radiologist and rheumatologist, dated 17 March 2015;
- An outpatient health record by the medical officer, Iraq, dated 21 August 2015;
- An ultrasound left elbow report by the radiologist, dated 3 December 2015;
- An operation report by the orthopaedic surgeon, dated 18 April 2016;
- A medical discharge documentation by the medical employment classification review board, dated 30 June 2019.

Your service

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

21 January 2001 and 30 June 2019

Left Elbow - Tendinopathy/Lateral Epicondylitis

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: Tendinopathy/Lateral Epicondylitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 March 2025, and is supported by an outpatient health record by the medical officer, Forward operating base, 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 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 pain over the outer aspect of the left elbow radiating into the forearm, worse with gripping, twisting spanners and lifting with the palm down, with pain lifting a cup and shaking hands on 19 June 2012.

The diagnosis was made clinically on 19 June 2012 by the medical officer, who found point tenderness over the left lateral epicondyle, pain on resisted wrist and middle finger extension and a positive Cozen test in a patient with pain on gripping. This meets the Statement of Principles definition: a clinically symptomatic inflammatory or degenerative disorder of the tendons attached to the lateral epicondyle of the elbow.

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

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 June 2012.

Left Elbow - Tendinopathy/Lateral Epicondylitis (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 18 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 March 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 22 November 2011;
- A pre-deployment medical examination by the medical officer, dated 18 January 2012;
- An outpatient health record and pathology by the medical officer, Forward operating base, Afghanistan, dated 4 June 2012;
- An outpatient health record and prescription by the medical officer, Forward operating base, Afghanistan, dated 7 June 2012;
- A workshop work log by the section commander, dated 15 June 2012;
- An outpatient health record by the medical officer, Forward operating base, Afghanistan, dated 19 June 2012;
- An ultrasound left elbow report by the radiologist, dated 8 October 2012;
- A specialist consultation by the rheumatologist, dated 12 November 2012;
- An MRI sacroiliac joints report and rheumatology review by the radiologist and rheumatologist, dated 17 March 2015;
- An outpatient health record by the medical officer, Iraq, dated 21 August 2015;
- An ultrasound left elbow report by the radiologist, dated 3 December 2015;
- An operation report by the orthopaedic surgeon, dated 18 April 2016;
- A medical discharge documentation by the medical employment classification review board, dated 30 June 2019.

Your service

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

21 January 2001 and 30 June 2019

Left Elbow - Tendinopathy/Lateral Epicondylitis (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: Tendinopathy/Lateral Epicondylitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 March 2025, and is supported by an outpatient health record by the medical officer, Forward operating base, 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 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 pain over the outer aspect of the left elbow radiating into the forearm, worse with gripping, twisting spanners and lifting with the palm down, with pain lifting a cup and shaking hands on 19 June 2012.

The diagnosis was made clinically on 19 June 2012 by the medical officer, who found point tenderness over the left lateral epicondyle, pain on resisted wrist and middle finger extension and a positive Cozen test in a patient with pain on gripping. This meets the Statement of Principles definition: a clinically symptomatic inflammatory or degenerative disorder of the tendons attached to the lateral epicondyle of the elbow.

After the condition arose, it was worsened during your service. On warlike service in Iraq from 4 May 2015 you again performed forceful and repetitive maintenance of mounted weapons for three to five hours a day on more days than not, throughout the 4 weeks before the worsening, from 24 July 2015 to 21 August 2015. As deployed workshop sergeant in Iraq, and before that in Australia, you used a hand-held mouse with your left hand for about 25 hours a week throughout the 6 months before the worsening, from 21 February 2015 to 21 August 2015. On 19 August 2015, on warlike service in Iraq, after a vehicle rollover you worked five continuous hours re-barrelling and refitting mounted weapons, lifting components above 10 kilograms and using heavy hand tools, against a usual one to two hours a day of such work. Ciprofloxacin 500 mg twice daily was prescribed on warlike service in Iraq from 10 to 16 August 2015 for a urinary tract infection, within the 14 days before the worsening, from 7 August 2015 to 21 August 2015. Ankylosing spondylitis, which evolved from the reactive arthritis that followed dysentery on warlike service in Afghanistan, was present with active enthesitis at the worsening on 21 August 2015. On warlike service in Iraq from August to November 2015 you had no access to imaging, physiotherapy or injection and could not be relieved of forceful duties.

This has then led to further investigations and the diagnosis of your condition of *Tendinopathy/Lateral Epicondylitis (Worsening)*. I have accepted your condition of *Tendinopathy/Lateral Epicondylitis (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 21 August 2015.

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.