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 Knee - Anterior Cruciate Ligament Degeneration

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 20 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 20 January 2025;
- A prisoner of war medical notes by the prisoner medical officer, Germany, dated 26 January 1945;
- A military hospital record of toe amputations by the germany, dated 20 February 1945;
- A post-war medical examination by the medical officer, dated 5 March 1946;
- A station medical record by the medical officer, Korea, dated 20 January 1952;
- An X-ray (aspiration and operation report) by the military hospital, Malaya, dated 14 November 1959;
- An operation report and microbiology by the military hospital, Malaya, dated 2 December 1959;
- An X-ray left knee report by the radiologist, dated 10 June 1960;
- A medical record by the physician, Vietnam, dated 8 June 1967;
- A medical record and joint fluid analysis by the medical officer, Vietnam, dated 3 November 1970;
- An operation report by the orthopaedic surgeon, RAAF base hospital, dated 22 July 1974;
- An endocrinology consultation and bone scan report by the endocrinologist, dated 6 April 1978;
- An orthopaedic consultation and X-ray left hip report by the orthopaedic surgeon, dated 17 August 1980;
- An X-ray and tomography left knee report by the radiologist, dated 4 May 1982;
- An X-ray left knee report by the radiologist, dated 18 February 1983;

- A bone densitometry report by the nuclear medicine physician, dated 22 March 1983;
- A general practice record by the general practitioner, dated 19 September 1984;
- An X-ray left knee report by the radiologist, dated 20 September 1984;
- An arthroscopy report by the orthopaedic surgeon, dated 26 October 1984;
- A bone densitometry report and endocrinology letter by the endocrinologist, dated 14 June 1988;
- An X-ray and MRI left knee report by the radiologist, dated 20 March 1990.

Your service

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

15 July 1942 and 7 June 1979

Left Knee - Anterior Cruciate Ligament Degeneration

You have stated that your condition was caused by:

- *being a prisoner of war before the clinical onset of osteoarthritis*
- *having inflammatory joint disease as specified, of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical onset of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical onset of osteoarthritis in that joint*
- *having trauma to the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee before the clinical onset of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least three years before the clinical onset of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical onset of osteoarthritis in that joint*

- *for osteoarthritis of a joint of the upper limb only: performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least three years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least two years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having increased bone mineral density before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only, kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical onset of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having acromegaly before the clinical onset of osteoarthritis in that joint*

- *having joint instability or dislocation of the affected joint, at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical onset of osteoarthritis in that joint*

Diagnosis: Anterior Cruciate Ligament Degeneration

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 20 January 2025, and is supported by an arthroscopy report by the orthopaedic surgeon, dated 26 October 1984.

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

Statement of Principles concerning Osteoarthritis (Reasonable Hypothesis) (No. 61 of 2017)

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

I am satisfied that you have met the following factor:

- *being a prisoner of war before the clinical onset of osteoarthritis*
- *having inflammatory joint disease as specified, of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical onset of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical onset of osteoarthritis in that joint*
- *having trauma to the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee before the clinical onset of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least three years before the clinical onset of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical onset of osteoarthritis in that joint*

- *for osteoarthritis of a joint of the upper limb only: performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least three years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least two years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having increased bone mineral density before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only, kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical onset of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having acromegaly before the clinical onset of osteoarthritis in that joint*

- *having joint instability or dislocation of the affected joint, at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical onset of osteoarthritis in that joint*

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 pain on both sides of the left knee, morning stiffness lasting about 30 minutes, pain and instability on stairs and ladders, and swelling after activity on 19 September 1984.

The diagnosis was confirmed at arthroscopy on 26 October 1984, when an orthopaedic surgeon found a degenerate, attenuated anterior cruciate ligament with mucoid degeneration and fibrillation, grade III loss of articular cartilage over the lateral compartment and osteophytes in the intercondylar notch. X-rays on 20 September 1984 showed new narrowing of the lateral compartment and osteophytes, Kellgren-Lawrence grade 2.

This has then led to further investigations and the diagnosis of your condition of *Anterior Cruciate Ligament Degeneration*. I have accepted your condition of *Anterior Cruciate Ligament Degeneration*.

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 12 September 1984.

Left Knee - Anterior Cruciate Ligament Degeneration (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 20 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 20 January 2025;
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- A military hospital record of toe amputations by the germany, dated 20 February 1945;
- A post-war medical examination by the medical officer, dated 5 March 1946;
- A station medical record by the medical officer, Korea, dated 20 January 1952;
- An X-ray (aspiration and operation report) by the military hospital, Malaya, dated 14 November 1959;
- An operation report and microbiology by the military hospital, Malaya, dated 2 December 1959;
- An X-ray left knee report by the radiologist, dated 10 June 1960;
- A medical record by the physician, Vietnam, dated 8 June 1967;
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- An operation report by the orthopaedic surgeon, RAAF base hospital, dated 22 July 1974;
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- An orthopaedic consultation and X-ray left hip report by the orthopaedic surgeon, dated 17 August 1980;
- An X-ray and tomography left knee report by the radiologist, dated 4 May 1982;
- An X-ray left knee report by the radiologist, dated 18 February 1983;
- A bone densitometry report by the nuclear medicine physician, dated 22 March 1983;
- A general practice record by the general practitioner, dated 19 September 1984;
- An X-ray left knee report by the radiologist, dated 20 September 1984;
- An arthroscopy report by the orthopaedic surgeon, dated 26 October 1984;

- A bone densitometry report and endocrinology letter by the endocrinologist, dated 14 June 1988;
- An X-ray and MRI left knee report by the radiologist, dated 20 March 1990.

Your service

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

15 July 1942 and 7 June 1979

Left Knee - Anterior Cruciate Ligament Degeneration (Worsening)

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

- *having inflammatory joint disease as specified, of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical worsening of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having trauma to the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee before the clinical worsening of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least three years before the clinical worsening of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, before*

the clinical worsening of osteoarthritis in that joint

- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least three years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least two years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having osteoporosis before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only, kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least one year before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical worsening of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having acromegaly before the clinical worsening of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical worsening of osteoarthritis in that joint*

- *inability to obtain appropriate clinical management for osteoarthritis*

Diagnosis: Anterior Cruciate Ligament Degeneration (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 20 January 2025, and is supported by an arthroscopy report by the orthopaedic surgeon, dated 26 October 1984.

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

Statement of Principles concerning Osteoarthritis (Reasonable Hypothesis) (No. 61 of 2017)

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

I am satisfied that you have met the following factor:

- *having inflammatory joint disease as specified, of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical worsening of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having trauma to the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee before the clinical worsening of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least three years before the clinical worsening of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical worsening of osteoarthritis in that joint*

- *for osteoarthritis of a joint of the upper limb only: using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least three years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least two years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having osteoporosis before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only, kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least one year before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical worsening of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having acromegaly before the clinical worsening of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical worsening of osteoarthritis in that joint*

- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical worsening of osteoarthritis in that joint*
- *inability to obtain appropriate clinical management for osteoarthritis*

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 pain on both sides of the left knee, morning stiffness lasting about 30 minutes, pain and instability on stairs and ladders, and swelling after activity on 19 September 1984.

The diagnosis was confirmed at arthroscopy on 26 October 1984, when an orthopaedic surgeon found a degenerate, attenuated anterior cruciate ligament with mucoid degeneration and fibrillation, grade III loss of articular cartilage over the lateral compartment and osteophytes in the intercondylar notch. X-rays on 20 September 1984 showed new narrowing of the lateral compartment and osteophytes, Kellgren-Lawrence grade 2.

After the condition arose, it was worsened during your service. Reactive arthritis acquired on operational service in Vietnam in 1967, with a further left knee flare in 1986, preceded the worsening on 20 March 1990. The septic arthritis of 2 December 1959 in Malaya preceded the worsening. The intra-articular tibial plateau fracture sustained on operational service in Malaya in 1959 preceded the worsening. The haemarthrosis of 14 November 1959 on operational service in Malaya preceded the worsening. Gout of the left knee, first diagnosed on operational service in Vietnam in 1970, with a further attack in 1987, preceded the worsening. The trauma to the left knee on operational service in Malaya on 14 November 1959 preceded the worsening on 20 March 1990. The acute cartilage tear of the lateral femoral condyle sustained in Malaya in 1959 preceded the worsening. The acute lateral meniscal tear sustained in Malaya in 1959 preceded the worsening. The frostbite of the left knee in captivity in 1945 preceded the worsening. The valgus malunion from the 1959 fracture in Malaya was present for 30 years before the worsening. The steroid-related osteonecrosis of the lateral femoral condyle, shown in 1982, preceded the worsening; the steroids treated arthritis acquired in Vietnam. Forceful power grip work for more than 30 hours a week from 1948 to 1979, including your operational service, preceded the worsening. The use of rivet guns and air hammers on most working days from 1952 to 1979, including in Korea, Malaya and Vietnam, preceded the worsening. The toe amputations of 1945 after frostbite in captivity and the asymmetric gait were present for 45 years before the worsening. The lifting of about 1,300,000 kg from 1965 to 1975, including your tours in Vietnam, preceded the worsening. The carrying of loads of at least 20 kg for about 4,400 hours from 1965 to 1975, including your tours in Vietnam, preceded the worsening. The ladder climbing of more than 200 rungs a day from 1965 to 1975, including both tours of operational service in Vietnam, preceded the worsening. Dual energy X-ray absorptiometry on 14 June 1988 showed a femoral neck T-score of minus 2.6, and an endocrinologist diagnosed osteoporosis from hypogonadism after pituitary surgery and repeated prednisolone for the reactive arthritis acquired in Vietnam. You were overweight from 1966 to the worsening, 24 years. Your waist exceeded 102 cm from 1972 to the worsening, 18 years. You are male; your waist exceeded 88

cm from 1966 to the worsening, so the threshold was exceeded for 24 years. The kneeling of two to three hours a day on operational service in Korea from 1951 to 1952 preceded the worsening. Internal derangement from the meniscal and ligament tears sustained in Malaya in 1959 preceded the worsening. Chondromalacia patellae diagnosed in Korea in 1952 preceded the worsening. The neuropathy with impaired proprioception at the knees from captivity preceded the worsening. Paget's disease of the left proximal tibia, shown in 1978, preceded the worsening. Acromegaly confirmed in 1978 preceded the worsening. Instability from the anterior cruciate ligament injury sustained in Malaya in 1959 was present for decades before the worsening. Femoroacetabular impingement syndrome of the left hip, diagnosed in 1980, preceded the worsening. After the diagnosis in October 1984 you could not obtain the recommended osteotomy for more than four years on the repatriation hospital waiting list, and private surgery was not funded, so the knee damaged on operational service in Malaya progressed to end-stage disease.

This has then led to further investigations and the diagnosis of your condition of *Anterior Cruciate Ligament Degeneration (Worsening)*. I have accepted your condition of *Anterior Cruciate Ligament Degeneration (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 12 September 1984.

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.