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 - Chondromalacia Patella

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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- An outpatient health record by the medical officer, role 1 facility, Afghanistan, dated 2 March 2008;
- A physiotherapy assessment by the physiotherapist, main operating base, Afghanistan, dated 10 May 2008;
- An emergency record and X-ray report (role 2 facility) by the afghanistan, dated 6 June 2008;
- An outpatient health record by the medical officer, regimental aid post, dated 30 July 2008;
- An outpatient health record by the medical officer, regimental aid post, dated 21 August 2008;
- An MRI left knee by the radiologist, dated 28 October 2008;
- A specialist consultation by the orthopaedic surgeon, dated 12 November 2008;
- An outpatient health record by the medical officer, patrol base aid post, Afghanistan, dated 11 July 2012;
- An outpatient health record by the medical officer, patrol base aid post, Afghanistan, dated 22 August 2012;
- An MRI left knee by the radiologist, dated 15 November 2012;
- An operation report by the orthopaedic surgeon, dated 4 March 2013.

Your service

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

20 January 2005 and 12 June 2016

Left Knee - Chondromalacia Patella

You have stated that your condition was caused by:

- *having direct trauma to the patella of the affected knee within the three months before the clinical onset of chondromalacia patella*
- *having patellar dislocation of the affected knee within the three months before the clinical onset of chondromalacia patella*
- *having an injury to the affected knee resulting in acute meniscal or ligamentous tear of the knee or permanent ligamentous instability, within the six months before the clinical onset of chondromalacia patella*
- *having acquired abnormal tracking of the patella of the affected knee for at least the three months before the clinical onset of chondromalacia patella*
- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical onset of chondromalacia patella*
- *undertaking weight bearing exercise involving forceful loading of the affected patellofemoral joint, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical onset of chondromalacia patella*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical onset of chondromalacia patella*
- *being obese at the time of the clinical onset of chondromalacia patella*

Diagnosis: Chondromalacia Patella

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a specialist consultation by the orthopaedic surgeon, dated 12 November 2008.

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

Statement of Principles concerning Chondromalacia Patella (Reasonable Hypothesis) (No. 1 of 2019)

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

I am satisfied that you have met the following factor:

- *having direct trauma to the patella of the affected knee within the three months before the clinical onset of chondromalacia patella*
- *having patellar dislocation of the affected knee within the three months before the clinical onset of chondromalacia patella*
- *having an injury to the affected knee resulting in acute meniscal or ligamentous tear of the knee or permanent ligamentous instability, within the six months before the clinical onset of chondromalacia patella*
- *having acquired abnormal tracking of the patella of the affected knee for at least the three months before the clinical onset of chondromalacia patella*
- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical onset of chondromalacia patella*
- *undertaking weight bearing exercise involving forceful loading of the affected patellofemoral joint, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical onset of chondromalacia patella*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical onset of chondromalacia patella*
- *being obese at the time of the clinical onset of chondromalacia patella*

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 behind the left kneecap on descending slopes and stairs, on squatting and kneeling, and after sitting with the knee bent, with grating and a small effusion after patrols on 21 August 2008.

The diagnosis was confirmed by MRI of the left knee on 28 October 2008, which showed chondromalacia of the lateral patellar facet with surface fissuring and abnormal cartilage signal, together with lateral patellar tilt and subluxation. An orthopaedic surgeon confirmed the diagnosis on 12 November 2008. This meets the Statement of Principles definition: softening, fibrillation or erosion of the patellar articular cartilage associated with recurrent or chronic patellofemoral pain, without osteoarthritis of the patellofemoral joint.

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

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 August 2008.

Left Knee - Chondromalacia Patella (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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- An outpatient health record by the medical officer, role 1 facility, Afghanistan, dated 2 March 2008;
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- An outpatient health record by the medical officer, regimental aid post, dated 30 July 2008;
- An outpatient health record by the medical officer, regimental aid post, dated 21 August 2008;
- An MRI left knee by the radiologist, dated 28 October 2008;
- A specialist consultation by the orthopaedic surgeon, dated 12 November 2008;
- An outpatient health record by the medical officer, patrol base aid post, Afghanistan, dated 11 July 2012;
- An outpatient health record by the medical officer, patrol base aid post, Afghanistan, dated 22 August 2012;
- An MRI left knee by the radiologist, dated 15 November 2012;
- An operation report by the orthopaedic surgeon, dated 4 March 2013.

Your service

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

20 January 2005 and 12 June 2016

Left Knee - Chondromalacia Patella (Worsening)

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

- *having direct trauma to the patella of the affected knee within the three months before the clinical worsening of chondromalacia patella*
- *having patellar dislocation of the affected knee within the three months before the clinical worsening of chondromalacia patella*
- *having an injury to the affected knee resulting in acute meniscal or ligamentous tear of the knee or permanent ligamentous instability, within the six months before the clinical worsening of chondromalacia patella*
- *having acquired abnormal tracking of the patella of the affected knee for at least the three months before the clinical worsening of chondromalacia patella*
- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical worsening of chondromalacia patella*
- *undertaking weight bearing exercise involving forceful loading of the affected patellofemoral joint, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical worsening of chondromalacia patella*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical worsening of chondromalacia patella*
- *being obese at the time of the clinical worsening of chondromalacia patella*
- *inability to obtain appropriate clinical management for chondromalacia patella*

Diagnosis: Chondromalacia Patella (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a specialist consultation by the orthopaedic surgeon, dated 12 November 2008.

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

Statement of Principles concerning Chondromalacia Patella (Reasonable Hypothesis) (No. 1 of 2019)

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

I am satisfied that you have met the following factor:

- *having direct trauma to the patella of the affected knee within the three months before the clinical worsening of chondromalacia patella*
- *having patellar dislocation of the affected knee within the three months before the clinical worsening of chondromalacia patella*
- *having an injury to the affected knee resulting in acute meniscal or ligamentous tear of the knee or permanent ligamentous instability, within the six months before the clinical worsening of chondromalacia patella*

- *having acquired abnormal tracking of the patella of the affected knee for at least the three months before the clinical worsening of chondromalacia patella*
- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical worsening of chondromalacia patella*
- *undertaking weight bearing exercise involving forceful loading of the affected patellofemoral joint, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical worsening of chondromalacia patella*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical worsening of chondromalacia patella*
- *being obese at the time of the clinical worsening of chondromalacia patella*
- *inability to obtain appropriate clinical management for chondromalacia patella*

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 behind the left kneecap on descending slopes and stairs, on squatting and kneeling, and after sitting with the knee bent, with grating and a small effusion after patrols on 21 August 2008.

The diagnosis was confirmed by MRI of the left knee on 28 October 2008, which showed chondromalacia of the lateral patellar facet with surface fissuring and abnormal cartilage signal, together with lateral patellar tilt and subluxation. An orthopaedic surgeon confirmed the diagnosis on 12 November 2008. This meets the Statement of Principles definition: softening, fibrillation or erosion of the patellar articular cartilage associated with recurrent or chronic patellofemoral pain, without osteoarthritis of the patellofemoral joint.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan you fell onto your left patella from a vehicle step on 30 June 2012 and struck it on a hatch rim on 2 August 2012, each with patellar pain lasting more than 24 hours, within the three months before the worsening on 20 August 2012. The recurrent lateral dislocation of the left patella on 11 July 2012 occurred while clearing a doorway on warlike service in Afghanistan, within the three months before the worsening on 20 August 2012. The acute lateral meniscal tear of 6 April 2012 occurred in a twisting injury on patrol on warlike service in Afghanistan, and the medial patellofemoral ligament laxity persisted. The acquired maltracking of the left patella persisted on warlike service in 2012, recorded on 18 May 2012, throughout the three months before the worsening. On warlike service in Afghanistan you ran an average of 62 kilometres a week throughout the four weeks before the worsening, from 23 July 2012 to 20 August 2012. Loaded foot patrols of about 20 hours a week at six to eight METs continued throughout the four weeks before the worsening on warlike service in Afghanistan. The seven-day cordon and search operation from 12 August 2012 on warlike service more than doubled your daily weight-bearing activity, to seven to eight hours a day, throughout the seven days before the worsening. Your BMI was 32.4 (105 kilograms, 1.80 metres) on 22 August 2012, two days after the worsening,

recorded at the patrol base aid post on warlike service in Afghanistan. On warlike service in Afghanistan in 2008 there was no MRI or orthopaedic review available and you patrolled for seven weeks after onset, and in 2012 your request for physiotherapy and MRI was deferred for ten weeks while you remained on full patrol duties.

This has then led to further investigations and the diagnosis of your condition of *Chondromalacia Patella (Worsening)*. I have accepted your condition of *Chondromalacia Patella (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.

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