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 - Dislocation History

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 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- An outpatient health record by the medical officer, garrison health centre, dated 4 September 2013;
- An MRI lumbar spine by the radiologist, dated 18 September 2013;
- A pre-deployment medical examination by the medical officer, dated 22 January 2015;
- A casualty record by the medical officer, role 1 facility, Middle East, dated 14 June 2015;
- An admission record by the x-ray report and pathology, role 2 facility, Middle East, dated 14 June 2015;
- A CT angiogram and CT report by the radiologist, Middle East, dated 15 June 2015;
- An MRI left knee by the radiologist, dated 30 June 2015;
- A specialist consultation by the orthopaedic surgeon, dated 30 June 2015;
- An emergency department record by the emergency physician, dated 12 August 2016;
- An MRI left knee by the radiologist, dated 26 August 2016;
- An operation report by the orthopaedic knee surgeon, dated 15 March 2017.

Your service

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

16 February 2009 and 3 October 2019

Left Knee - Dislocation History

You have stated that your condition was caused by:

- *having physical trauma to the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having damage to a soft tissue structure as specified at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a fracture, avulsion or bony abnormality involving the articulating surfaces of the affected joint, at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *being pregnant within the six weeks before the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a temporomandibular joint or subluxation of a temporomandibular joint only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a patellofemoral joint only, being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a tibiofemoral joint or subluxation of a tibiofemoral joint only, being severely obese at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a total hip joint prosthesis only: being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total hip joint prosthesis only: having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total knee joint prosthesis only, having morbid obesity at the time of the clinical onset of dislocation of a joint*

Diagnosis: Dislocation History

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by an admission record by the x-ray report and pathology, role 2 facility, Middle East, dated 14 June 2015.

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

Statement of Principles concerning Dislocation of a Joint and Subluxation of a Joint (Reasonable Hypothesis) (No. 55 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 physical trauma to the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having damage to a soft tissue structure as specified at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a fracture, avulsion or bony abnormality involving the articulating surfaces of the affected joint, at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *being pregnant within the six weeks before the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a temporomandibular joint or subluxation of a temporomandibular joint only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a patellofemoral joint only, being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a tibiofemoral joint or subluxation of a tibiofemoral joint only, being severely obese at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a total hip joint prosthesis only: being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total hip joint prosthesis only: having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total knee joint prosthesis only, having morbid obesity at the time of the clinical onset of dislocation of a 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 severe pain, gross deformity and inability to bear weight on the left leg, with reduced sensation over the top of the foot on 14 June 2015.

The diagnosis was confirmed by X-ray at the role 2 facility on 14 June 2015, which showed a posterolateral dislocation of the left tibiofemoral joint with lateral dislocation of the patella, and

by post-reduction X-ray and CT showing a congruent reduction with avulsion fractures of the fibular head and lateral tibial plateau. MRI on 30 June 2015 confirmed the multiligament disruption that accompanies a knee dislocation. This meets the Statement of Principles definition of dislocation of a joint.

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

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 14 June 2015.

Left Knee - Dislocation History (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 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
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- An emergency department record by the emergency physician, dated 12 August 2016;
- An MRI left knee by the radiologist, dated 26 August 2016;
- An operation report by the orthopaedic knee surgeon, dated 15 March 2017.

Your service

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

16 February 2009 and 3 October 2019

Left Knee - Dislocation History (Worsening)

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

- *inability to obtain appropriate clinical management for dislocation of a joint or subluxation of a joint*

Diagnosis: Dislocation History (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by an admission record by the x-ray report and pathology, role 2 facility, Middle East, dated 14 June 2015.

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

Statement of Principles concerning Dislocation of a Joint and Subluxation of a Joint (Balance of Probabilities) (No. 56 of 2019)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for dislocation of a joint or subluxation of a 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 severe pain, gross deformity and inability to bear weight on the left leg, with reduced sensation over the top of the foot on 14 June 2015.

The diagnosis was confirmed by X-ray at the role 2 facility on 14 June 2015, which showed a posterolateral dislocation of the left tibiofemoral joint with lateral dislocation of the patella, and by post-reduction X-ray and CT showing a congruent reduction with avulsion fractures of the fibular head and lateral tibial plateau. MRI on 30 June 2015 confirmed the multiligament disruption that accompanies a knee dislocation. This meets the Statement of Principles definition of dislocation of a joint.

After the condition arose, it was worsened during your service. The dislocated knee could not be reduced for six and a half hours after the injury on 14 June 2015 because the convoy was halted in an area assessed as insecure, rotary-wing evacuation was not available, and the role 1 team had no procedural sedation.

This has then led to further investigations and the diagnosis of your condition of *Dislocation History (Worsening)*. I have accepted your condition of *Dislocation History (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 12 August 2016.

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