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 - Iliotibial Band Syndrome

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 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- An outpatient health record and ultrasound report by the medical officer, East Timor, dated 14 June 2007;
- A field medical record and aeromedical evacuation summary by the medical officer, Solomon Islands, dated 15 April 2010;
- An MRI left knee by the radiologist, dated 20 April 2010;
- An operation report by the orthopaedic surgeon, dated 24 August 2010;
- A pre-deployment medical and physiotherapy assessment by the medical officer and physiotherapist, dated 10 February 2011;
- A long-leg standing radiograph by the radiologist, dated 10 February 2011;
- A physical conditioning log by the physical training instructor, dated 15 March 2011;
- An outpatient health record by the regimental medical officer, Afghanistan, dated 14 April 2011;
- An ultrasound left knee by Role 2 medical facility, dated 20 April 2011;
- An outpatient health record and repeat ultrasound by the regimental medical officer, Afghanistan, dated 22 July 2011;
- An MRI left knee and sports medicine consultation by the sports physician, dated 15 November 2011.

Your service

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

21 February 2005 and 15 November 2016

Left Knee - Iliotibial Band Syndrome

You have stated that your condition was caused by:

- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical onset of iliotibial band syndrome*
- *undertaking weight bearing exercise involving repeated flexion and extension of the affected knee, 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 iliotibial band syndrome*
- *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 iliotibial band syndrome*
- *cycling at a minimum intensity of five METs for at least five hours per week, for at least the four weeks before the clinical onset of iliotibial band syndrome*
- *increasing the frequency, duration or intensity of cycling 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 iliotibial band syndrome*
- *undergoing knee reconstruction surgery with placement of an implant in the distal lateral femur within the one year before the clinical onset of iliotibial band syndrome*
- *having weakness or paralysis of an abductor muscle of the hip before the clinical onset of iliotibial band syndrome*
- *having varus malalignment of the knee or varus thrust of the knee before the clinical onset of iliotibial band syndrome*

Diagnosis: Iliotibial Band Syndrome

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an ultrasound left knee by Role 2 medical facility, dated 20 April 2011.

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

Statement of Principles concerning Iliotibial Band Syndrome (Reasonable Hypothesis) (No. 3 of 2019)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical onset of iliotibial band syndrome*
- *undertaking weight bearing exercise involving repeated flexion and extension of the affected knee, 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 iliotibial band syndrome*
- *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 iliotibial band syndrome*
- *cycling at a minimum intensity of five METs for at least five hours per week, for at least the four weeks before the clinical onset of iliotibial band syndrome*
- *increasing the frequency, duration or intensity of cycling 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 iliotibial band syndrome*
- *undergoing knee reconstruction surgery with placement of an implant in the distal lateral femur within the one year before the clinical onset of iliotibial band syndrome*
- *having weakness or paralysis of an abductor muscle of the hip before the clinical onset of iliotibial band syndrome*
- *having varus malalignment of the knee or varus thrust of the knee before the clinical onset of iliotibial band syndrome*

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 sharp, localised pain over the lateral aspect of the left knee that came on after a fixed distance of patrolling or running, was worst going downhill and down terraces, and forced you to walk with your knee held straight on 14 April 2011.

The diagnosis was made clinically on 14 April 2011 and confirmed by ultrasound on 20 April 2011. You had activity-related pain over the lateral aspect of the left knee, point tenderness over the lateral femoral epicondyle, a positive Noble compression test reproducing your pain at about 30 degrees of flexion, and a positive Ober test indicating a tight iliotibial band. Ultrasound showed thickening of the distal iliotibial band with fluid deep to it at the epicondyle. This meets the Statement of Principles definition: a condition of the distal portion of the iliotibial tract where it courses over the lateral femoral epicondyle, characterised by lateral knee pain and tenderness that worsens with physical activity.

This has then led to further investigations and the diagnosis of your condition of *Iliotibial Band Syndrome*. I have accepted your condition of *Iliotibial Band Syndrome.*

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 April 2011.

Left Knee - Iliotibial Band Syndrome (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 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- An outpatient health record and ultrasound report by the medical officer, East Timor, dated 14 June 2007;
- A field medical record and aeromedical evacuation summary by the medical officer, Solomon Islands, dated 15 April 2010;
- An MRI left knee by the radiologist, dated 20 April 2010;
- An operation report by the orthopaedic surgeon, dated 24 August 2010;
- A pre-deployment medical and physiotherapy assessment by the medical officer and physiotherapist, dated 10 February 2011;
- A long-leg standing radiograph by the radiologist, dated 10 February 2011;
- A physical conditioning log by the physical training instructor, dated 15 March 2011;
- An outpatient health record by the regimental medical officer, Afghanistan, dated 14 April 2011;
- An ultrasound left knee by Role 2 medical facility, dated 20 April 2011;
- An outpatient health record and repeat ultrasound by the regimental medical officer, Afghanistan, dated 22 July 2011;
- An MRI left knee and sports medicine consultation by the sports physician, dated 15 November 2011.

Your service

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

21 February 2005 and 15 November 2016

Left Knee - Iliotibial Band Syndrome (Worsening)

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

- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical worsening of iliotibial band syndrome*
- *undertaking weight bearing exercise involving repeated flexion and extension of the affected knee, 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 iliotibial band syndrome*
- *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 iliotibial band syndrome*
- *cycling at a minimum intensity of five METs for at least five hours per week, for at least the four weeks before the clinical worsening of iliotibial band syndrome*
- *increasing the frequency, duration or intensity of cycling 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 iliotibial band syndrome*
- *undergoing knee reconstruction surgery with placement of an implant in the distal lateral femur within the one year before the clinical worsening of iliotibial band syndrome*
- *having weakness or paralysis of an abductor muscle of the hip before the clinical worsening of iliotibial band syndrome*
- *having varus malalignment of the knee or varus thrust of the knee before the clinical worsening of iliotibial band syndrome*
- *inability to obtain appropriate clinical management for iliotibial band syndrome*

Diagnosis: Iliotibial Band Syndrome (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an ultrasound left knee by Role 2 medical facility, dated 20 April 2011.

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

Statement of Principles concerning Iliotibial Band Syndrome (Reasonable Hypothesis) (No. 3 of 2019)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical worsening of iliotibial band syndrome*
- *undertaking weight bearing exercise involving repeated flexion and extension of the affected knee, 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 iliotibial band syndrome*

- *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 iliotibial band syndrome*
- *cycling at a minimum intensity of five METs for at least five hours per week, for at least the four weeks before the clinical worsening of iliotibial band syndrome*
- *increasing the frequency, duration or intensity of cycling 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 iliotibial band syndrome*
- *undergoing knee reconstruction surgery with placement of an implant in the distal lateral femur within the one year before the clinical worsening of iliotibial band syndrome*
- *having weakness or paralysis of an abductor muscle of the hip before the clinical worsening of iliotibial band syndrome*
- *having varus malalignment of the knee or varus thrust of the knee before the clinical worsening of iliotibial band syndrome*
- *inability to obtain appropriate clinical management for iliotibial band syndrome*

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 sharp, localised pain over the lateral aspect of the left knee that came on after a fixed distance of patrolling or running, was worst going downhill and down terraces, and forced you to walk with your knee held straight on 14 April 2011.

The diagnosis was made clinically on 14 April 2011 and confirmed by ultrasound on 20 April 2011. You had activity-related pain over the lateral aspect of the left knee, point tenderness over the lateral femoral epicondyle, a positive Noble compression test reproducing your pain at about 30 degrees of flexion, and a positive Ober test indicating a tight iliotibial band. Ultrasound showed thickening of the distal iliotibial band with fluid deep to it at the epicondyle. This meets the Statement of Principles definition: a condition of the distal portion of the iliotibial tract where it courses over the lateral femoral epicondyle, characterised by lateral knee pain and tenderness that worsens with physical activity.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan you ran an average of 62 km a week throughout the four weeks before the worsening, from 24 June 2011 to 22 July 2011. You patrolled for 8 to 10 hours a week with about 38 kg over terraced ground on warlike service throughout the four weeks before the worsening, from 24 June 2011 to 22 July 2011. During a surge operation on warlike service from 15 July 2011 to 22 July 2011, your loaded patrolling increased from about 1.5 hours to 4 hours a day at 6 to 8 METs. You cycled 10 to 11 hours a week at 7 to 9 METs at the patrol base in Afghanistan throughout the four weeks before the worsening, from 24 June 2011 to 22 July 2011. From 15 July 2011 to 22 July 2011, on warlike service, your cycling increased from about 1.5 hours to 4 hours a day at 7 to 9 METs. The reconstruction of 24 August 2010 for the injury sustained on non-warlike service in the Solomon Islands was within the one year before the worsening, from

22 July 2010 to 22 July 2011. Left hip abductor weakness from the gluteus medius tendinopathy that arose in East Timor persisted, and repeat dynamometry on 22 July 2011 showed a 35 per cent deficit, before the documented worsening. The left varus thrust and 5 degree varus mechanical axis that followed the Solomon Islands injury persisted and were recorded again on 22 July 2011, before the worsening. On warlike service in Afghanistan from April to July 2011 no physiotherapy, load modification or specialist review was available at the patrol base and you were returned to full patrolling and conditioning with analgesia only.

This has then led to further investigations and the diagnosis of your condition of *Iliotibial Band Syndrome (Worsening)*. I have accepted your condition of *Iliotibial Band Syndrome (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 22 July 2011.

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