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 - Medial Femoral Condyle Chondral Irregularity/osteoarthritis

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 25 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 July 2025;
- An emergency record and X-ray report by the base hospital, dated 14 June 1993;
- An operation report by the surgeon, deployed hospital, East Timor, dated 24 November 1999;
- An outpatient health record by the medical officer, Central Asia, dated 19 January 2002;
- A rheumatology consultation by the rheumatologist, dated 9 June 2004;
- Nerve conduction studies by the neurologist, dated 8 November 2005;
- A CT report and operation report (deployed facility) by the middle east, dated 11 March 2007;
- A bone densitometry report by the nuclear medicine physician, dated 3 May 2007;
- A rheumatology review and MRI left knee by the rheumatologist and radiologist, dated 20 August 2008;
- An X-ray left knee by the radiologist, dated 15 June 2009;
- An outpatient health record by the medical officer, base health centre, dated 13 October 2009;
- An MRI left knee by the radiologist, dated 27 October 2009;
- A specialist consultation by the orthopaedic surgeon, dated 5 November 2009;
- A bone densitometry report by the nuclear medicine physician, dated 17 July 2012;
- An emergency record and aspiration note (role 3 hospital) by the afghanistan, dated 3 June 2013;

- An X-ray and MRI left knee by the radiologist, dated 30 September 2013;
- An operation report by the orthopaedic surgeon, dated 12 March 2014.

Your service

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

2 February 1985 and 15 July 2016

Left Knee - Medial Femoral Condyle Chondral Irregularity/osteoarthritis

You have stated that your condition was caused by:

- *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 within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years 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 five 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 hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 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 five 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: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 five years, within the 25 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: (a) 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 two years before the clinical onset of osteoarthritis in that joint; and (b) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *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: Medial Femoral Condyle Chondral Irregularity/osteoarthritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 July 2025, and is supported by a specialist consultation by the orthopaedic surgeon, dated 5 November 2009.

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 (Balance of Probabilities) (No. 62 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 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 within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years 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 five 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 hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 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 five 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: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 five years, within the 25 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: (a) 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 two years before the clinical onset of osteoarthritis in that joint; and (b) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 pain on the inner side of the left knee on kneeling, climbing and walking, morning stiffness of about 20 minutes, catching and intermittent swelling on 13 October 2009.

The diagnosis was confirmed by X-rays of the left knee on 15 October 2009, which showed early medial joint space narrowing with marginal osteophytes, Kellgren-Lawrence grade 2, and by MRI on 27 October 2009, which showed chondral irregularity, fissuring and partial-thickness cartilage loss of the weight-bearing medial femoral condyle with subchondral oedema and sclerosis. An orthopaedic surgeon confirmed medial compartment osteoarthritis on 5 November 2009. This meets the Statement of Principles definition of osteoarthritis.

This has then led to further investigations and the diagnosis of your condition of *Medial Femoral Condyle Chondral Irregularity/osteoarthritis*. I have accepted your condition of *Medial Femoral Condyle Chondral Irregularity/osteoarthritis*.

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 6 October 2009.

Left Knee - Medial Femoral Condyle Chondral Irregularity/osteoarthritis (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 25 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 July 2025;
- An emergency record and X-ray report by the base hospital, dated 14 June 1993;
- An operation report by the surgeon, deployed hospital, East Timor, dated 24 November 1999;
- An outpatient health record by the medical officer, Central Asia, dated 19 January 2002;
- A rheumatology consultation by the rheumatologist, dated 9 June 2004;
- Nerve conduction studies by the neurologist, dated 8 November 2005;
- A CT report and operation report (deployed facility) by the middle east, dated 11 March 2007;
- A bone densitometry report by the nuclear medicine physician, dated 3 May 2007;
- A rheumatology review and MRI left knee by the rheumatologist and radiologist, dated 20 August 2008;
- An X-ray left knee by the radiologist, dated 15 June 2009;
- An outpatient health record by the medical officer, base health centre, dated 13 October 2009;
- An MRI left knee by the radiologist, dated 27 October 2009;
- A specialist consultation by the orthopaedic surgeon, dated 5 November 2009;
- A bone densitometry report by the nuclear medicine physician, dated 17 July 2012;
- An emergency record and aspiration note (role 3 hospital) by the afghanistan, dated 3 June 2013;
- An X-ray and MRI left knee by the radiologist, dated 30 September 2013;
- An operation report by the orthopaedic surgeon, dated 12 March 2014.

Your service

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

2 February 1985 and 15 July 2016

Left Knee - Medial Femoral Condyle Chondral Irregularity/osteoarthritis (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 within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years 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 five 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 hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 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 five 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: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 five years, within the 25 years 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: (a) 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 two years before the clinical worsening of osteoarthritis in that joint; and (b) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *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: Medial Femoral Condyle Chondral Irregularity/osteoarthritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 July 2025, and is supported by a specialist consultation by the orthopaedic surgeon, dated 5 November 2009.

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 (Balance of Probabilities) (No. 62 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 within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years 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 five 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 hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at*

least ten years, within the 25 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 five 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: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 five years, within the 25 years 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: (a) 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 two years before the clinical worsening of osteoarthritis in that joint; and (b) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *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 pain on the inner side of the left knee on kneeling, climbing and walking, morning stiffness of about 20 minutes, catching and intermittent swelling on 13 October 2009.

The diagnosis was confirmed by X-rays of the left knee on 15 October 2009, which showed early medial joint space narrowing with marginal osteophytes, Kellgren-Lawrence grade 2, and by MRI on 27 October 2009, which showed chondral irregularity, fissuring and partial-thickness cartilage loss of the weight-bearing medial femoral condyle with subchondral oedema and sclerosis. An orthopaedic surgeon confirmed medial compartment osteoarthritis on 5 November 2009. This meets the Statement of Principles definition of osteoarthritis.

After the condition arose, it was worsened during your service. Enteropathic arthritis of the left knee flared with a colitis relapse in November 2012, before the worsening on 30 September 2013. The bacterial septic arthritis of the left knee in November 1999 preceded the worsening. The intra-articular medial tibial plateau fracture of March 2007 preceded the worsening. On 3 June 2013 a twisting fall at Kandahar caused a further haemarthrosis of the left knee, with 45 millilitres of blood aspirated at the role 3 hospital, before the worsening. Calcium pyrophosphate deposition in the left knee persisted, with an acute pseudogout attack in February 2012, before the worsening. The 25 years before the worsening run from 30 September 1988 to 30 September 2013. MRI on 30 September 2013 showed an acute chondral flap tear of the medial femoral condyle from the fall of 3 June 2013, within the 25 years before the worsening. The fall of 3 June 2013 caused an acute radial tear of the medial meniscus, shown on MRI on 30 September 2013, within the 25 years before the worsening. The frostbite of the left knee in January 2002 preceded the worsening. The varus and rotational malunion of the left tibia persisted for nineteen years before the worsening. The subchondral osteonecrosis of the medial femoral condyle progressed to subchondral collapse, shown on MRI on 30 September 2013, before the worsening. The pinch and power grip work from 1987 to 2002 amounted to more than ten years within a continuous 15-year period before the worsening. Your use of vibrating percussive tools on most working days from 1988 to 2001, thirteen years, fell within the 25 years before the worsening, which run from 30 September 1988 to 30 September 2013. The asymmetric gait from the tibial malunion persisted for nineteen years before the worsening. The lifting of about 160,000 kilograms from 1990 to 2000 was followed by the worsening in 2013, within the 25 years following that period. The carrying of about 4,000 hours from 1990 to 2000 was followed by the worsening in 2013, within the 25 years following that period. The ladder and stair climbing from 1988 to 2002, fourteen continuous years, fell within the 25 years before the worsening. Your BMI remained

between 28 and 31 throughout the ten years before the worsening. Your waist circumference exceeded 102 centimetres throughout the ten years before the worsening, measured at 110 centimetres in 2012. Your waist circumference exceeded 88 centimetres throughout the ten years before the worsening. The twelve years of kneeling and squatting from 1987 to 1999 were followed by the worsening in 2013, within the 25 years following that period. Internal derangement of the left knee, including the meniscal tears of 2007 and 2013, preceded the worsening. Chondromalacia patellae of the left knee, diagnosed in 1990, preceded the worsening. The sensory neuronopathy with loss of proprioception at the knees persisted before the worsening. Paget's disease of the left proximal tibia remained active before the worsening. Acromegaly preceded the worsening. Instability of the left knee from the 2007 cruciate tear persisted, and the knee gave way causing the fall of 3 June 2013, more than one year before the worsening. Cam-type femoroacetabular impingement of the left hip preceded the worsening. After the injury of 3 June 2013 at Kandahar you had a swollen, catching knee.

This has then led to further investigations and the diagnosis of your condition of *Medial Femoral Condyle Chondral Irregularity/osteoarthritis (Worsening)*. I have accepted your condition of *Medial Femoral Condyle Chondral Irregularity/osteoarthritis (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 30 September 2013.

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.