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 - Rectus Femoris Strain

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 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A pre-deployment medical examination by the medical officer, dated 12 March 2010;
- A deployed health record by the medical officer, Afghanistan, dated 3 August 2010;
- An ultrasound left distal thigh and knee by the radiologist, role 3 hospital, dated 18 August 2010;
- An MRI left knee and distal thigh by the radiologist, dated 14 September 2010;
- A physiotherapy assessment by the physiotherapist, dated 20 December 2010;
- A deployed health record by the medical officer, Iraq, dated 21 September 2015;
- An MRI left knee and distal thigh and sports medicine consultation by the sports physician, dated 30 October 2015;
- A sports medicine review and isokinetic testing by the sports physician, dated 10 May 2017.

Your service

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

21 May 2007 and 14 February 2019

Left Knee - Rectus Femoris Strain

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Rectus Femoris Strain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 July 2025, and is supported by an ultrasound left distal thigh and knee by the radiologist, role 3 hospital, dated 18 August 2010.

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

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

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 sudden tearing pain in the front of the lower left thigh just above the knee and on the inner side of the knee, with bruising, a palpable defect, pain on straightening the knee against resistance and on straight leg raise, and medial knee tenderness with laxity.After the 2015 re-tear the pain and weakness returned in greater degree on 3 August 2010.

The diagnosis was made clinically by the medical officer on 3 August 2010, who recorded tenderness and a palpable defect over the distal rectus femoris with pain on resisted knee extension, and medial collateral ligament tenderness and laxity, within hours of the injury. Ultrasound on 18 August 2010 confirmed a grade 1 to 2 strain of the distal rectus femoris musculotendinous junction, and MRI on 14 September 2010 confirmed the strain and a grade 1 to 2 medial collateral ligament sprain.

This has then led to further investigations and the diagnosis of your condition of *Rectus Femoris Strain*. I have accepted your condition of *Rectus Femoris Strain*.

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 3 August 2010.

Left Knee - Rectus Femoris Strain (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 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A pre-deployment medical examination by the medical officer, dated 12 March 2010;
- A deployed health record by the medical officer, Afghanistan, dated 3 August 2010;
- An ultrasound left distal thigh and knee by the radiologist, role 3 hospital, dated 18 August 2010;
- An MRI left knee and distal thigh by the radiologist, dated 14 September 2010;
- A physiotherapy assessment by the physiotherapist, dated 20 December 2010;
- A deployed health record by the medical officer, Iraq, dated 21 September 2015;
- An MRI left knee and distal thigh and sports medicine consultation by the sports physician, dated 30 October 2015;
- A sports medicine review and isokinetic testing by the sports physician, dated 10 May 2017.

Your service

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

21 May 2007 and 14 February 2019

Left Knee - Rectus Femoris Strain (Worsening)

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

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Rectus Femoris Strain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 July 2025, and is supported by an ultrasound left distal thigh and knee by the radiologist, role 3 hospital, dated 18 August 2010.

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

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

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 sudden tearing pain in the front of the lower left thigh just above the knee and on the inner side of the knee, with bruising, a palpable defect, pain on straightening the knee against resistance and on straight leg raise, and medial knee tenderness with laxity.After the 2015 re-tear the pain and weakness returned in greater degree on 3 August 2010.

The diagnosis was made clinically by the medical officer on 3 August 2010, who recorded tenderness and a palpable defect over the distal rectus femoris with pain on resisted knee extension, and medial collateral ligament tenderness and laxity, within hours of the injury. Ultrasound on 18 August 2010 confirmed a grade 1 to 2 strain of the distal rectus femoris musculotendinous junction, and MRI on 14 September 2010 confirmed the strain and a grade 1 to 2 medial collateral ligament sprain.

After the condition arose, it was worsened during your service. The fall from the step of an armoured vehicle while carrying a 25 kg ammunition box occurred on warlike service in Iraq on 21 September 2015, at the time the medial collateral ligament sprain worsened, as shown on MRI on 30 October 2015. The forceful contraction of the stretched left rectus femoris as you tried to save yourself from the fall on warlike service in Iraq on 21 September 2015 re-tore the distal musculotendinous junction, shown as a grade 2 re-tear on MRI on 30 October 2015. On warlike service in Afghanistan in 2010 no physiotherapy, ultrasound or sports medicine review was available at the patrol base and you were returned to patrols after five days, and on warlike service in Iraq in 2015 you continued duties for five weeks before MRI on return.

This has then led to further investigations and the diagnosis of your condition of *Rectus Femoris Strain (Worsening)*. I have accepted your condition of *Rectus Femoris Strain (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 21 September 2015.

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