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 - Strain, Baker's Cyst and Semimembranous Tendinopathy

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;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 20 November 2008;
- A patrol casualty record by the combat medic, Afghanistan, dated 17 May 2009;
- An outpatient health record by the medical officer, Forward operating base, Afghanistan, dated 19 May 2009;
- An ultrasound left knee by the radiologist, dated 24 August 2009;
- A sports medicine consultation by the sports physician, dated 24 August 2009;
- A sports medicine review by the sports physician, dated 11 March 2010;
- A patrol casualty record and outpatient health record by the combat medic and medical officer, Afghanistan, dated 26 June 2012;
- An MRI left knee by the radiologist, dated 15 October 2012;
- An orthopaedic consultation and ultrasound-guided aspiration by the orthopaedic surgeon, dated 4 February 2013;
- A medical discharge documentation by the senior medical officer, dated 19 November 2016.

Your service

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

6 February 2006 and 19 November 2016

Left Knee - Strain, Baker's Cyst and Semimembranous Tendinopathy

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: Strain, Baker's Cyst and Semimembranous Tendinopathy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an outpatient health record by the medical officer, Forward operating base, Afghanistan, dated 19 May 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 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 acute medial and posterior left knee pain, tenderness over the medial collateral ligament and the distal semimembranosus, swelling and difficulty with weight bearing on 17 May 2009.

The diagnosis was made clinically by the forward operating base medical officer on 19 May 2009, who recorded tenderness over the medial collateral ligament with pain but a firm end point on valgus stress at 30 degrees, consistent with a grade 2 sprain, and tenderness and pain on resisted knee flexion over the distal semimembranosus, consistent with a strain. Pain and tenderness began immediately after the injury, within the 24 hours the Statement of Principles definitions require. The condition does not represent recurrent sprain due to joint instability, as the ligament was stable with a firm end point, and there was no drug-induced tendon disease.

This has then led to further investigations and the diagnosis of your condition of *Strain, Baker's Cyst and Semimembranous Tendinopathy*. I have accepted your condition of *Strain, Baker's Cyst and Semimembranous Tendinopathy*.

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 17 May 2009.

Left Knee - Strain, Baker's Cyst and Semimembranous Tendinopathy (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;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 20 November 2008;
- A patrol casualty record by the combat medic, Afghanistan, dated 17 May 2009;
- An outpatient health record by the medical officer, Forward operating base, Afghanistan, dated 19 May 2009;
- An ultrasound left knee by the radiologist, dated 24 August 2009;
- A sports medicine consultation by the sports physician, dated 24 August 2009;
- A sports medicine review by the sports physician, dated 11 March 2010;
- A patrol casualty record and outpatient health record by the combat medic and medical officer, Afghanistan, dated 26 June 2012;
- An MRI left knee by the radiologist, dated 15 October 2012;
- An orthopaedic consultation and ultrasound-guided aspiration by the orthopaedic surgeon, dated 4 February 2013;
- A medical discharge documentation by the senior medical officer, dated 19 November 2016.

Your service

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

6 February 2006 and 19 November 2016

Left Knee - Strain, Baker's Cyst and Semimembranous Tendinopathy (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: Strain, Baker's Cyst and Semimembranous Tendinopathy (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 outpatient health record by the medical officer, Forward operating base, Afghanistan, dated 19 May 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 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 acute medial and posterior left knee pain, tenderness over the medial collateral ligament and the distal semimembranosus, swelling and difficulty with weight bearing on 17 May 2009.

The diagnosis was made clinically by the forward operating base medical officer on 19 May 2009, who recorded tenderness over the medial collateral ligament with pain but a firm end point on valgus stress at 30 degrees, consistent with a grade 2 sprain, and tenderness and pain on resisted knee flexion over the distal semimembranosus, consistent with a strain. Pain and tenderness began immediately after the injury, within the 24 hours the Statement of Principles definitions require. The condition does not represent recurrent sprain due to joint instability, as the ligament was stable with a firm end point, and there was no drug-induced tendon disease.

After the condition arose, it was worsened during your service. The worsening occurred on 26 June 2012 during warlike service in Afghanistan, when you slipped down a scree slope on a cordon and search operation carrying 45 kilograms and the left knee was forced into valgus and deep flexion. In the same fall on warlike service on 26 June 2012 the semimembranosus was

forcibly loaded and stretched as you tried to arrest your descent under load. On both warlike deployments you had no access to physiotherapy, imaging or specialist care at your forward operating base.

This has then led to further investigations and the diagnosis of your condition of *Strain, Baker's Cyst and Semimembranous Tendinopathy (Worsening)*. I have accepted your condition of *Strain, Baker's Cyst and Semimembranous Tendinopathy (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 26 June 2012.

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