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

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 11 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 August 2025;
- A pre-deployment medical examination by the medical officer, dated 14 January 2003;
- A ship's medical record by the medical officer, Persian Gulf, dated 22 March 2003;
- A ship's medical record by the medical officer, Persian Gulf, dated 29 March 2003;
- An MRI left knee and sports medicine consultation by the sports physician, dated 2 July 2003;
- A ship's medical record by the medical officer, Middle East, dated 15 November 2008;
- An MRI left knee and sports medicine consultation by the sports physician, dated 3 March 2009;
- A sports medicine review by the sports physician, dated 22 November 2011.

Your service

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

9 July 2001 and 30 June 2012

Left Knee - 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: Strain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 August 2025, and is supported by an MRI left knee and sports medicine consultation by the sports physician, dated 2 July 2003.

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 deep pain at the back and outer side of the left knee, swelling, pain on squatting and on climbing and descending ladders, and pain when twisting on the planted leg, with tenderness over the popliteus and the lateral collateral ligament.After the 2008 re-injury the pain and swelling returned in greater degree on 22 March 2003.

The diagnosis was made clinically by the ship's medical officer on 22 March 2003, who recorded posterolateral tenderness and pain on resisted internal rotation of the tibia, indicating a popliteus injury, and tenderness of the lateral collateral ligament with pain on varus stress, within hours of the injury. MRI on 2 July 2003 confirmed a grade 2 strain of the popliteus musculotendinous junction and a grade 1 sprain of the lateral collateral ligament, and a sports physician confirmed the diagnosis.

This has then led to further investigations and the diagnosis of your condition of *Strain*. I have accepted your condition of *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 22 March 2003.

Left Knee - 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 11 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 August 2025;
- A pre-deployment medical examination by the medical officer, dated 14 January 2003;
- A ship's medical record by the medical officer, Persian Gulf, dated 22 March 2003;
- A ship's medical record by the medical officer, Persian Gulf, dated 29 March 2003;
- An MRI left knee and sports medicine consultation by the sports physician, dated 2 July 2003;
- A ship's medical record by the medical officer, Middle East, dated 15 November 2008;
- An MRI left knee and sports medicine consultation by the sports physician, dated 3 March 2009;
- A sports medicine review by the sports physician, dated 22 November 2011.

Your service

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

9 July 2001 and 30 June 2012

Left Knee - 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: Strain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 August 2025, and is supported by an MRI left knee and sports medicine consultation by the sports physician, dated 2 July 2003.

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 deep pain at the back and outer side of the left knee, swelling, pain on squatting and on climbing and descending ladders, and pain when twisting on the planted leg, with tenderness over the popliteus and the lateral collateral ligament.After the 2008 re-injury the pain and swelling returned in greater degree on 22 March 2003.

The diagnosis was made clinically by the ship's medical officer on 22 March 2003, who recorded posterolateral tenderness and pain on resisted internal rotation of the tibia, indicating a popliteus injury, and tenderness of the lateral collateral ligament with pain on varus stress, within hours of the injury. MRI on 2 July 2003 confirmed a grade 2 strain of the popliteus musculotendinous junction and a grade 1 sprain of the lateral collateral ligament, and a sports physician confirmed the diagnosis.

After the condition arose, it was worsened during your service. The fall from a wet ship's ladder that twisted the left knee into varus and external rotation occurred during emergency stations on warlike service in the Middle East Area of Operations on 15 November 2008, at the time the lateral collateral ligament sprain worsened, as shown on MRI on 3 March 2009. The forceful contraction of the stretched popliteus during the ladder fall on warlike service in the Middle East Area of Operations on 15 November 2008 re-tore the musculotendinous junction, shown as a high-grade partial re-tear on MRI on 3 March 2009. On warlike service in the Persian Gulf in 2003 and in the Middle East Area of Operations in 2008 the ship had no physiotherapist or imaging, and on each occasion you continued sea duties for more than three months before MRI and rehabilitation.

This has then led to further investigations and the diagnosis of your condition of *Strain (Worsening)*. I have accepted your condition of *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 15 November 2008.

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