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 - Vastus Lateralis Sprain

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 22 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 May 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 14 February 2005;
- A casualty record by the troop medic, Iraq, dated 9 July 2005;
- An outpatient health record by the regimental medical officer, Iraq, dated 11 July 2005;
- An ultrasound left thigh and knee by the radiologist, dated 22 November 2005;
- A physiotherapy discharge summary and isokinetic testing by the physiotherapist, dated 10 April 2006;
- A casualty record by the combat medic, Afghanistan, dated 30 July 2008;
- An MRI left thigh and knee by the radiologist, dated 6 November 2008;
- A sports medicine consultation by the sports physician, dated 12 March 2009;
- A separation health examination by the medical officer, dated 30 June 2014.

Your service

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

15 January 1998 and 30 June 2014

Left Knee - Vastus Lateralis Sprain

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: Vastus Lateralis Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 May 2025, and is supported by an outpatient health record by the regimental medical officer, Iraq, dated 11 July 2005.

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 sharp pain over the outer left thigh just above the knee and at the outer side of the knee, with swelling, bruising, weakness on straightening the knee and difficulty climbing onto your vehicle on 9 July 2005.

The diagnosis was made clinically by the regimental medical officer on 11 July 2005, who recorded tenderness and a palpable defect at the distal vastus lateralis musculotendinous junction with pain and weakness on resisted knee extension, consistent with a grade 2 strain, and lateral collateral ligament tenderness with pain on varus stress and a firm end point, consistent with a grade 1 to 2 sprain. Pain and tenderness began immediately, within the 24 hours the definitions require. There was no joint instability and no drug-induced muscle or tendon disease.

This has then led to further investigations and the diagnosis of your condition of *Vastus Lateralis Sprain*. I have accepted your condition of *Vastus Lateralis Sprain*.

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 9 July 2005.

Left Knee - Vastus Lateralis Sprain (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 22 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 May 2025;
- A pre-deployment health assessment by the medical officer, Garrison health centre, dated 14 February 2005;
- A casualty record by the troop medic, Iraq, dated 9 July 2005;
- An outpatient health record by the regimental medical officer, Iraq, dated 11 July 2005;
- An ultrasound left thigh and knee by the radiologist, dated 22 November 2005;
- A physiotherapy discharge summary and isokinetic testing by the physiotherapist, dated 10 April 2006;
- A casualty record by the combat medic, Afghanistan, dated 30 July 2008;
- An MRI left thigh and knee by the radiologist, dated 6 November 2008;
- A sports medicine consultation by the sports physician, dated 12 March 2009;
- A separation health examination by the medical officer, dated 30 June 2014.

Your service

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

15 January 1998 and 30 June 2014

Left Knee - Vastus Lateralis Sprain (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: Vastus Lateralis Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 May 2025, and is supported by an outpatient health record by the regimental medical officer, Iraq, dated 11 July 2005.

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 sharp pain over the outer left thigh just above the knee and at the outer side of the knee, with swelling, bruising, weakness on straightening the knee and difficulty climbing onto your vehicle on 9 July 2005.

The diagnosis was made clinically by the regimental medical officer on 11 July 2005, who recorded tenderness and a palpable defect at the distal vastus lateralis musculotendinous junction with pain and weakness on resisted knee extension, consistent with a grade 2 strain, and lateral collateral ligament tenderness with pain on varus stress and a firm end point, consistent with a grade 1 to 2 sprain. Pain and tenderness began immediately, within the 24 hours the definitions require. There was no joint instability and no drug-induced muscle or tendon disease.

After the condition arose, it was worsened during your service. The worsening occurred on 30 July 2008 during warlike service in Uruzgan Province, Afghanistan, when you slipped while recovering a bogged armoured vehicle and the left knee was forced into deep flexion and varus. In the same vehicle recovery on warlike service on 30 July 2008 the vastus lateralis contracted violently against a 40 kilogram tow cable while being stretched. On both warlike deployments you could not obtain imaging or physiotherapy at your location, and in 2008 transfer for assessment was deferred for operational reasons until you returned to Australia on 21 October 2008.

This has then led to further investigations and the diagnosis of your condition of *Vastus Lateralis Sprain (Worsening)*. I have accepted your condition of *Vastus Lateralis Sprain (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 30 July 2008.

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