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 Shoulder - Acromioclavicular Joint Osteoarthritis; Left Shoulder - Glenohumeral Joint Osteoarthritis; Left Shoulder - 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 8 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 May 2025;
- A ship's medical record and CT report by the medical officer and radiologist, dated 8 December 1999;
- An MR arthrogram and CT report by the radiologist, dated 17 February 2000;
- An MRI left knee and orthopaedic consultation by the orthopaedic surgeon, dated 19 March 2001;
- A ship's medical record by the medical officer, Persian Gulf, dated 14 June 2002;
- A microbiology and operation report by the orthopaedic surgeon, dated 26 August 2002;
- A deployed health record and critical incident debrief by the medical officer, dated 12 April 2003;
- An MRI right hip and sports medicine review by the sports physician, dated 4 November 2003;
- A rheumatology consultation by the rheumatologist, dated 20 July 2004;
- An MRI cervical spine report by the radiologist, dated 15 May 2005;
- A joint aspiration and crystal analysis by the medical officer, dated 14 February 2006;
- An endocrinology consultation by the endocrinologist, dated 18 September 2006;
- An MRI left shoulder report by the radiologist, dated 6 June 2007;
- A bone scan report by the nuclear medicine physician, dated 10 October 2007;

- An outpatient health record and X-ray report by the medical officer and radiologist, dated 11 March 2008;
- An orthopaedic consultation by the orthopaedic surgeon, dated 2 April 2008;
- A bone densitometry report by the nuclear medicine physician, dated 2 September 2011;
- An MRI left shoulder report by the radiologist, dated 21 September 2011;
- An operation report by the orthopaedic surgeon, dated 14 March 2012.

Your service

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

10 February 1993 and 15 March 2019

Left Shoulder - Acromioclavicular Joint Osteoarthritis; Left Shoulder - Glenohumeral Joint Osteoarthritis; Left Shoulder - Strain

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: Acromioclavicular Joint Osteoarthritis; Left Shoulder - Glenohumeral Joint Osteoarthritis; Left Shoulder - Strain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 May 2025, and is supported by an outpatient health record and X-ray report by the medical officer and radiologist, dated 11 March 2008.

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 deep aching pain in the left shoulder and over the acromioclavicular joint, worse with line handling, lifting and lying on the left side, morning stiffness of about 30 minutes, crepitus and restricted external rotation and overhead reach.Since the worsening you have had constant pain, night pain and severe loss of movement on 11 March 2008.

The diagnosis was confirmed by X-ray of the left shoulder on 11 March 2008, which showed narrowing of the glenohumeral and acromioclavicular joint spaces, marginal osteophytes and subchondral sclerosis, in a veteran with pain, stiffness and impaired function. This meets the Statement of Principles definition of osteoarthritis: a degenerative joint disorder with clinical manifestations of pain, impaired function and stiffness, and radiological evidence of loss of articular cartilage and osteophytes.

This has then led to further investigations and the diagnosis of your condition of *Acromioclavicular Joint Osteoarthritis; Left Shoulder - Glenohumeral Joint Osteoarthritis; Left Shoulder - Strain*. I have accepted your condition of *Acromioclavicular Joint Osteoarthritis; Left Shoulder - Glenohumeral Joint Osteoarthritis; Left Shoulder - 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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 3 March 2008.

Left Shoulder - Acromioclavicular Joint Osteoarthritis; Left Shoulder - Glenohumeral Joint Osteoarthritis; Left Shoulder - 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 8 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 May 2025;
- A ship's medical record and CT report by the medical officer and radiologist, dated 8 December 1999;
- An MR arthrogram and CT report by the radiologist, dated 17 February 2000;
- An MRI left knee and orthopaedic consultation by the orthopaedic surgeon, dated 19 March 2001;
- A ship's medical record by the medical officer, Persian Gulf, dated 14 June 2002;
- A microbiology and operation report by the orthopaedic surgeon, dated 26 August 2002;
- A deployed health record and critical incident debrief by the medical officer, dated 12 April 2003;
- An MRI right hip and sports medicine review by the sports physician, dated 4 November 2003;
- A rheumatology consultation by the rheumatologist, dated 20 July 2004;
- An MRI cervical spine report by the radiologist, dated 15 May 2005;
- A joint aspiration and crystal analysis by the medical officer, dated 14 February 2006;
- An endocrinology consultation by the endocrinologist, dated 18 September 2006;
- An MRI left shoulder report by the radiologist, dated 6 June 2007;
- A bone scan report by the nuclear medicine physician, dated 10 October 2007;
- An outpatient health record and X-ray report by the medical officer and radiologist, dated 11 March 2008;
- An orthopaedic consultation by the orthopaedic surgeon, dated 2 April 2008;
- A bone densitometry report by the nuclear medicine physician, dated 2 September 2011;
- An MRI left shoulder report by the radiologist, dated 21 September 2011;
- An operation report by the orthopaedic surgeon, dated 14 March 2012.

Your service

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

10 February 1993 and 15 March 2019

Left Shoulder - Acromioclavicular Joint Osteoarthritis; Left Shoulder - Glenohumeral Joint Osteoarthritis; Left Shoulder - Strain (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: Acromioclavicular Joint Osteoarthritis; Left Shoulder - Glenohumeral Joint Osteoarthritis; Left Shoulder - Strain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 May 2025, and is supported by an outpatient health record and X-ray report by the medical officer and radiologist, dated 11 March 2008.

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 deep aching pain in the left shoulder and over the acromioclavicular joint, worse with line handling, lifting and lying on the left side, morning stiffness of about 30 minutes, crepitus and restricted external rotation and overhead reach.Since the worsening you have had constant pain, night pain and severe loss of movement on 11 March 2008.

The diagnosis was confirmed by X-ray of the left shoulder on 11 March 2008, which showed narrowing of the glenohumeral and acromioclavicular joint spaces, marginal osteophytes and subchondral sclerosis, in a veteran with pain, stiffness and impaired function. This meets the Statement of Principles definition of osteoarthritis: a degenerative joint disorder with clinical manifestations of pain, impaired function and stiffness, and radiological evidence of loss of articular cartilage and osteophytes.

After the condition arose, it was worsened during your service. Rheumatoid arthritis involving the left shoulder joints, diagnosed on 20 July 2004, remained active and was present before the documented worsening on 21 September 2011. The bacterial septic arthritis of the left glenohumeral joint of August 2002, with inflammation confirmed at washout, preceded the documented worsening on 21 September 2011. The intra-articular glenoid rim and humeral head fractures of 8 December 1999 preceded the documented worsening on 21 September 2011. The haemarthrosis of the left shoulder of December 1999 preceded the documented worsening on 21 September 2011. Calcium pyrophosphate dihydrate deposition disease of the left shoulder, confirmed in February 2006, had further acute attacks in 2009 and was present before the documented worsening on 21 September 2011. The fall of December 1999 was within the 25 years before the documented worsening, which run from 21 September 1986 to 21 September 2011. The acute articular cartilage tear of December 1999 was within the 25 years before the documented worsening on 21 September 2011. The acute lateral meniscal tear of the left knee of

March 2001 was within the 25 years before the documented worsening on 21 September 2011. The frostbite involving the left shoulder of November 2002 preceded the documented worsening on 21 September 2011. The glenoid deformity persisted from 2000, more than five years before the documented worsening on 21 September 2011. The dysbaric osteonecrosis of the left humeral head shown in June 2007 preceded the documented worsening on 21 September 2011. The same sustained grip, for more than ten years between 1993 and 2005, fell within a continuous 15-year period before the documented worsening on 21 September 2011. The cumulative 11 years of percussive tool use from 1993 to 2004 fell within the 25 years before the documented worsening on 21 September 2011. The asymmetric gait, present continuously from 2001, had lasted more than five years before the documented worsening on 21 September 2011. The ten-year lifting period from 1994 to 2004 was followed by the documented worsening on 21 September 2011, within 25 years of that period. The 3,900 hours of load carriage from 1993 to 2003 were followed by the documented worsening on 21 September 2011, within 25 years of that period. The continuous seven-year period of ladder climbing from 1996 to 2002 fell within the 25 years before the documented worsening on 21 September 2011. Your BMI remained at or above 25 from 1996, more than ten years before the documented worsening on 21 September 2011. Your waist exceeded 102 cm from 1997, more than ten years before the documented worsening on 21 September 2011. Your waist circumference exceeded 88 centimetres at every measurement from 1997 to the documented worsening on 21 September 2011. The seven-year kneeling period from 1993 to 2000 was followed by the documented worsening on 21 September 2011, within 25 years of that period. The internal derangement of the left knee from March 2001 preceded the documented worsening on 21 September 2011. Chondromalacia patellae, recorded from 1994, preceded the documented worsening on 21 September 2011. The syringomyelia with loss of pain sensation and proprioception over the left shoulder progressed slowly and was present before the documented worsening on 21 September 2011. Paget's disease of bone of the left proximal humerus and glenoid, confirmed in October 2007, was present before the documented worsening on 21 September 2011. Acromegaly, diagnosed in 2006 and not fully controlled after surgery, was present before the documented worsening on 21 September 2011. The dislocation of December 1999 and the recurrent instability that followed preceded the documented worsening on 21 September 2011 by more than one year. Right hip femoroacetabular impingement syndrome, diagnosed in 2003, preceded the documented worsening on 21 September 2011. From March to September 2011 your ship was deployed without access to orthopaedic review, imaging or physiotherapy, and your methotrexate was interrupted for three months when supplies could not be obtained.

This has then led to further investigations and the diagnosis of your condition of *Acromioclavicular Joint Osteoarthritis; Left Shoulder - Glenohumeral Joint Osteoarthritis; Left Shoulder - Strain (Worsening)*. I have accepted your condition of *Acromioclavicular Joint Osteoarthritis; Left Shoulder - Glenohumeral Joint Osteoarthritis; Left Shoulder - 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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 21 September 2011.

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.