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

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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A deployed health record and post-operational screening by the medical officer, Bougainville, dated 3 May 1998;
- An aspiration (microbiology and operation report) by the orthopaedic surgeon, dated 22 January 2000;
- A rheumatology consultation and ultrasound by the rheumatologist, dated 14 August 2001;
- A trauma admission by the x-ray and CT report, Field hospital and Radiologist, dated 9 September 2003;
- A nerve conduction study report by the neurologist, dated 5 November 2003;
- An MRI left shoulder report by the radiologist, dated 22 March 2004;
- An MRI left hip and sports medicine review by the sports physician, dated 10 November 2004;
- A joint aspiration and crystal analysis by the medical officer, Afghanistan, dated 11 October 2006;
- An endocrinology consultation and bone scan by the endocrinologist and nuclear medicine physician, dated 5 March 2008;
- A periodic health examination by the medical officer, Garrison health centre, dated 3 February 2009;
- An outpatient health record and X-ray report by the medical officer and radiologist, dated 26 May 2009;
- An orthopaedic consultation by the orthopaedic surgeon, dated 16 June 2009;

- A bone densitometry report by the nuclear medicine physician, dated 20 October 2010;
- An MRI left shoulder report by the radiologist, dated 12 November 2010;
- An operation report by the orthopaedic surgeon, dated 20 April 2011.

Your service

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

15 January 1989 and 30 June 2017

Left Shoulder - Acromioclavicular Joint Osteoarthritis

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

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by an outpatient health record and X-ray report by the medical officer and radiologist, dated 26 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 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 aching pain localised to the top of the left shoulder, worse with overhead work, carrying a pack and lying on the left side, morning stiffness, and clicking on reaching across the body on 26 May 2009.

The diagnosis was confirmed by X-ray of the left shoulder on 26 May 2009, which showed narrowing of the acromioclavicular joint space, marginal osteophytes and subchondral sclerosis, in a veteran with localised pain, stiffness and impaired overhead 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*. I have accepted your condition of *Acromioclavicular Joint Osteoarthritis*.

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 18 May 2009.

Left Shoulder - Acromioclavicular Joint Osteoarthritis (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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A deployed health record and post-operational screening by the medical officer, Bougainville, dated 3 May 1998;
- An aspiration (microbiology and operation report) by the orthopaedic surgeon, dated 22 January 2000;
- A rheumatology consultation and ultrasound by the rheumatologist, dated 14 August 2001;
- A trauma admission by the x-ray and CT report, Field hospital and Radiologist, dated 9 September 2003;
- A nerve conduction study report by the neurologist, dated 5 November 2003;
- An MRI left shoulder report by the radiologist, dated 22 March 2004;
- An MRI left hip and sports medicine review by the sports physician, dated 10 November 2004;
- A joint aspiration and crystal analysis by the medical officer, Afghanistan, dated 11 October 2006;
- An endocrinology consultation and bone scan by the endocrinologist and nuclear medicine physician, dated 5 March 2008;
- A periodic health examination by the medical officer, Garrison health centre, dated 3 February 2009;
- An outpatient health record and X-ray report by the medical officer and radiologist, dated 26 May 2009;
- An orthopaedic consultation by the orthopaedic surgeon, dated 16 June 2009;
- A bone densitometry report by the nuclear medicine physician, dated 20 October 2010;
- An MRI left shoulder report by the radiologist, dated 12 November 2010;
- An operation report by the orthopaedic surgeon, dated 20 April 2011.

Your service

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

15 January 1989 and 30 June 2017

Left Shoulder - Acromioclavicular Joint Osteoarthritis (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 (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by an outpatient health record and X-ray report by the medical officer and radiologist, dated 26 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 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 aching pain localised to the top of the left shoulder, worse with overhead work, carrying a pack and lying on the left side, morning stiffness, and clicking on reaching across the body on 26 May 2009.

The diagnosis was confirmed by X-ray of the left shoulder on 26 May 2009, which showed narrowing of the acromioclavicular joint space, marginal osteophytes and subchondral sclerosis, in a veteran with localised pain, stiffness and impaired overhead 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. Psoriatic arthropathy involving the left acromioclavicular joint, diagnosed on 14 August 2001, remained active with repeated flares and was present before the documented worsening on 12 November 2010. The bacterial septic arthritis of the left acromioclavicular joint of January 2000, with inflammation of the joint confirmed at washout, preceded the documented worsening on 12 November 2010. The intra-articular fracture of the distal clavicle involving the left acromioclavicular joint, sustained on 9 September 2003, preceded the documented worsening on 12 November 2010. The haemarthrosis of the left acromioclavicular joint aspirated on 9 September 2003 preceded the documented worsening on 12 November 2010. Gout involving the left acromioclavicular joint, crystal-proven on 11 October 2006, recurred in 2008 and was present before the documented worsening on 12 November 2010. The fracture-dislocation of 9 September 2003 was within the 25 years before the documented worsening, which run from 12 November 1985 to 12 November 2010. The acute articular cartilage tear of September 2003 was within the 25 years before the documented worsening on 12 November 2010. The acute medial meniscal tear of the right knee of 4 August 2005 was within the 25 years before the documented worsening on 12 November 2010. The frostbite involving the left acromioclavicular region of 17 January 2007 preceded the documented worsening on 12 November 2010. The angulated malunion of the distal clavicle persisted unchanged from 2003, more than five years before the documented worsening on 12 November 2010. The subchondral osteonecrosis of the distal clavicle shown in 2004 preceded the documented worsening on 12 November 2010. The same sustained power grip, more than 30 hours a week for more than ten years between 1989 and 2004, fell within a continuous 15-year

period before the documented worsening on 12 November 2010. The cumulative 11 years of percussive tool use between 1995 and 2007 fell within the 25 years before the documented worsening on 12 November 2010. The asymmetric gait present continuously from June 2002 had lasted more than five years before the documented worsening on 12 November 2010. The ten-year lifting period from 1990 to 2000, totalling about 210,000 kilograms, was followed by the documented worsening on 12 November 2010, within 25 years of that period. The 4,300 hours of load carriage between 1989 and 1999 were followed by the documented worsening on 12 November 2010, within 25 years of that period. The continuous five-year period of stair climbing from 1990 to 1995 fell within the 25 years before the documented worsening on 12 November 2010. Your BMI remained above 25 from 1997, more than ten years before the documented worsening on 12 November 2010. Your waist circumference exceeded 102 cm from 1998, more than ten years before the documented worsening on 12 November 2010. Your waist circumference exceeded 88 centimetres at every measurement from 1998 to the documented worsening on 12 November 2010. The seven-year period of kneeling from 1993 to 2000 was followed by the documented worsening on 12 November 2010, within 25 years of that period. The internal derangement of the right knee of August 2005 preceded the documented worsening on 12 November 2010. Chondromalacia patellae, recorded from 1989, preceded the documented worsening on 12 November 2010. The left axillary nerve injury with loss of pain sensation and proprioception around the shoulder persisted and was present before the documented worsening on 12 November 2010. Paget's disease of bone of the left acromion and distal clavicle, confirmed in March 2008, was present before the documented worsening on 12 November 2010. Acromegaly, diagnosed in March 2008 and only partly controlled after surgery in 2009, was present before the documented worsening on 12 November 2010. The acromioclavicular dislocation of September 2003 and the instability that followed preceded the documented worsening on 12 November 2010 by more than seven years. Left hip femoroacetabular impingement syndrome, diagnosed in 2004, preceded the documented worsening on 12 November 2010. From February to September 2010, while deployed to a forward patrol base, your request for orthopaedic review and a guided injection of the left acromioclavicular joint could not be met for seven months, and you continued full duties with heavy loads.

This has then led to further investigations and the diagnosis of your condition of *Acromioclavicular Joint Osteoarthritis (Worsening)*. I have accepted your condition of *Acromioclavicular Joint Osteoarthritis (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 12 November 2010.

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.