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 Osteolysis

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 26 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 August 2025;
- A training injury record and X-ray report by the medical officer, Garrison health centre, dated 5 March 2011;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 10 February 2012;
- A role 2 medical facility record by the medical officer, Afghanistan, dated 27 August 2012;
- An X-ray left acromioclavicular joint by the radiologist, dated 22 November 2012;
- An MRI left shoulder by the radiologist, dated 10 January 2013;
- A sports medicine consultation by the sports physician, dated 14 January 2013;
- A role 2 medical facility record by the medical officer, Iraq, dated 18 October 2016;
- An MRI left shoulder by the radiologist, dated 20 January 2017;
- A sports medicine review by the sports physician, dated 20 January 2017;
- An operation report by the orthopaedic surgeon, dated 15 March 2017.

Your service

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

21 January 2008 and 10 November 2020

Left Shoulder - Acromioclavicular Joint Osteolysis

You have stated that your condition was caused by:

- *undertaking heavy resistance training involving bench press, overhead press, dips or push-ups with the affected arm on at least 3 days per week for at least the 6 months before the clinical onset of acromioclavicular joint osteolysis*
- *having an acute sprain or separation of the affected acromioclavicular joint within the 2 years before the clinical onset of acromioclavicular joint osteolysis*
- *having direct trauma to the point of the affected shoulder within the 2 years before the clinical onset of acromioclavicular joint osteolysis*
- *lifting and carrying loads of at least 25 kilograms on the affected shoulder on at least 20 occasions per day for at least the 3 months before the clinical onset of acromioclavicular joint osteolysis*
- *performing repetitive work with the affected arm at or above shoulder height for at least 1 hour per day for at least the 6 months before the clinical onset of acromioclavicular joint osteolysis*
- *carrying a load of at least 20 kilograms suspended from straps over the affected shoulder for at least 4 hours per day for at least the 4 weeks before the clinical onset of acromioclavicular joint osteolysis*

Diagnosis: Acromioclavicular Joint Osteolysis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 August 2025, and is supported by a sports medicine consultation by the sports physician, dated 14 January 2013.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *undertaking heavy resistance training involving bench press, overhead press, dips or push-ups with the affected arm on at least 3 days per week for at least the 6 months before the clinical onset of acromioclavicular joint osteolysis*
- *having an acute sprain or separation of the affected acromioclavicular joint within the 2 years before the clinical onset of acromioclavicular joint osteolysis*
- *having direct trauma to the point of the affected shoulder within the 2 years before the clinical onset of acromioclavicular joint osteolysis*

- *lifting and carrying loads of at least 25 kilograms on the affected shoulder on at least 20 occasions per day for at least the 3 months before the clinical onset of acromioclavicular joint osteolysis*
- *performing repetitive work with the affected arm at or above shoulder height for at least 1 hour per day for at least the 6 months before the clinical onset of acromioclavicular joint osteolysis*
- *carrying a load of at least 20 kilograms suspended from straps over the affected shoulder for at least 4 hours per day for at least the 4 weeks before the clinical onset of acromioclavicular joint osteolysis*

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 and front of the left shoulder, worse with bench press, push-ups, dips, carrying loads on the shoulder and reaching across the body, and pain when lying on the left side on 27 August 2012.

The diagnosis was made by a sports physician on 14 January 2013 on the clinical findings and imaging. You had pain localised to the left acromioclavicular joint, focal joint tenderness and positive cross-body adduction and O'Brien tests. X-ray on 22 November 2012 showed loss of the subchondral cortex and cystic change of the distal clavicle with joint widening, and MRI on 10 January 2013 showed bone marrow oedema confined to the distal clavicle with subchondral cysts and an intact rotator cuff, the characteristic appearance of distal clavicular osteolysis.

This has then led to further investigations and the diagnosis of your condition of *Acromioclavicular Joint Osteolysis*. I have accepted your condition of *Acromioclavicular Joint Osteolysis*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 20 August 2012.

Left Shoulder - Acromioclavicular Joint Osteolysis (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 26 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 August 2025;
- A training injury record and X-ray report by the medical officer, Garrison health centre, dated 5 March 2011;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 10 February 2012;
- A role 2 medical facility record by the medical officer, Afghanistan, dated 27 August 2012;
- An X-ray left acromioclavicular joint by the radiologist, dated 22 November 2012;
- An MRI left shoulder by the radiologist, dated 10 January 2013;
- A sports medicine consultation by the sports physician, dated 14 January 2013;
- A role 2 medical facility record by the medical officer, Iraq, dated 18 October 2016;
- An MRI left shoulder by the radiologist, dated 20 January 2017;
- A sports medicine review by the sports physician, dated 20 January 2017;
- An operation report by the orthopaedic surgeon, dated 15 March 2017.

Your service

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

21 January 2008 and 10 November 2020

Left Shoulder - Acromioclavicular Joint Osteolysis (Worsening)

You have stated that the worsening of your condition was caused by:

- *undertaking heavy resistance training or heavy lifting with the affected arm on at least 3 days per week for at least 3 months within the 6 months before the clinical worsening of acromioclavicular joint osteolysis*

- *having direct trauma to the affected acromioclavicular joint before the clinical worsening of acromioclavicular joint osteolysis*
- *carrying a load of at least 20 kilograms suspended from straps over the affected shoulder for at least 4 hours per day for at least 8 weeks within the 6 months before the clinical worsening of acromioclavicular joint osteolysis*
- *inability to obtain appropriate clinical management for acromioclavicular joint osteolysis*

Diagnosis: Acromioclavicular Joint Osteolysis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 August 2025, and is supported by a sports medicine consultation by the sports physician, dated 14 January 2013.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *undertaking heavy resistance training or heavy lifting with the affected arm on at least 3 days per week for at least 3 months within the 6 months before the clinical worsening of acromioclavicular joint osteolysis*
- *having direct trauma to the affected acromioclavicular joint before the clinical worsening of acromioclavicular joint osteolysis*
- *carrying a load of at least 20 kilograms suspended from straps over the affected shoulder for at least 4 hours per day for at least 8 weeks within the 6 months before the clinical worsening of acromioclavicular joint osteolysis*
- *inability to obtain appropriate clinical management for acromioclavicular joint osteolysis*

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 and front of the left shoulder, worse with bench press, push-ups, dips, carrying loads on the shoulder and reaching across the body, and pain when lying on the left side on 27 August 2012.

The diagnosis was made by a sports physician on 14 January 2013 on the clinical findings and imaging. You had pain localised to the left acromioclavicular joint, focal joint tenderness and positive cross-body adduction and O'Brien tests. X-ray on 22 November 2012 showed loss of the subchondral cortex and cystic change of the distal clavicle with joint widening, and MRI on 10

January 2013 showed bone marrow oedema confined to the distal clavicle with subchondral cysts and an intact rotator cuff, the characteristic appearance of distal clavicular osteolysis.

After the condition arose, it was worsened during your service. During warlike service in Iraq from July to December 2016 you lifted weights in the base gym five days a week, including push-ups and pressing movements, and loaded stores daily as part of your duties. On 18 October 2016, during warlike service in Iraq, you fell from the step of a protected vehicle onto your left shoulder while wearing body armour, with increased pain and swelling at the acromioclavicular joint recorded by the role 2 medical officer. On force protection duties in Iraq from June to December 2016 you wore body armour, a pack and a slung rifle, more than 25 kg in total, for four to six hours a day. During warlike service in Iraq from June to December 2016 you had no access to imaging, physiotherapy or orthopaedic review, and operational duties required you to keep lifting and carrying loads that you had been advised to avoid.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 20 January 2017.

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