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 Synovitis

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 23 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 July 2025;
- A deployed health record and CT report by the medical officer and radiologist, dated 11 January 2000;
- An MRI left shoulder report by the radiologist, dated 28 March 2000;
- A nerve conduction study report by the neurologist, dated 14 April 2000;
- A post-incident psychological debrief by the psychologist, dated 9 April 2003;
- A microbiology and operation report by the surgeon, Middle East, dated 17 May 2003;
- An MRI right knee report by the radiologist, dated 29 June 2004;
- A haematology consultation and X-ray report by the haematologist, dated 3 October 2006;
- A rheumatology consultation by the rheumatologist, dated 5 January 2009;
- An MRI left shoulder report by the radiologist, dated 19 November 2009;
- An endocrinology consultation by the endocrinologist, dated 25 May 2010;
- A bone scan report by the nuclear medicine physician, dated 2 August 2011;
- A periodic health examination by the medical officer, RAAF base health centre, dated 10 February 2012;
- An outpatient health record by the medical officer, RAAF base health centre, dated 30 July 2012;
- An MRI left shoulder report by the radiologist, dated 8 August 2012;
- A rheumatology consultation by the rheumatologist, dated 22 August 2012;
- A bone densitometry report by the nuclear medicine physician, dated 20 October 2014;
- An MRI left shoulder report by the radiologist, dated 6 December 2014.

Your service

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

3 July 1997 and 18 September 2020

Left Shoulder - Acromioclavicular Joint Synovitis

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 Synovitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 July 2025, and is supported by an MRI left shoulder report by the radiologist, dated 8 August 2012.

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 pain, swelling and warmth over the left acromioclavicular joint, worse with lifting freight, overhead reach and lying on the left side, morning stiffness and a palpable swelling over the joint on 30 July 2012.

The diagnosis was confirmed by contrast MRI of the left shoulder on 8 August 2012, which showed an acromioclavicular effusion with thickened, enhancing synovium, early partial-thickness cartilage loss and small marginal osteophytes, in a veteran with pain, swelling, warmth and impaired function. Aspiration showed no organisms or crystals and inflammatory markers were normal, excluding a recurrence of septic, reactive or crystal arthritis. The cartilage loss and osteophytes meet the Statement of Principles definition of osteoarthritis, of which the synovitis is the inflammatory manifestation.

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

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 22 July 2012.

Left Shoulder - Acromioclavicular Joint Synovitis (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 23 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 July 2025;
- A deployed health record and CT report by the medical officer and radiologist, dated 11 January 2000;
- An MRI left shoulder report by the radiologist, dated 28 March 2000;
- A nerve conduction study report by the neurologist, dated 14 April 2000;
- A post-incident psychological debrief by the psychologist, dated 9 April 2003;
- A microbiology and operation report by the surgeon, Middle East, dated 17 May 2003;
- An MRI right knee report by the radiologist, dated 29 June 2004;
- A haematology consultation and X-ray report by the haematologist, dated 3 October 2006;
- A rheumatology consultation by the rheumatologist, dated 5 January 2009;
- An MRI left shoulder report by the radiologist, dated 19 November 2009;
- An endocrinology consultation by the endocrinologist, dated 25 May 2010;
- A bone scan report by the nuclear medicine physician, dated 2 August 2011;
- A periodic health examination by the medical officer, RAAF base health centre, dated 10 February 2012;
- An outpatient health record by the medical officer, RAAF base health centre, dated 30 July 2012;
- An MRI left shoulder report by the radiologist, dated 8 August 2012;
- A rheumatology consultation by the rheumatologist, dated 22 August 2012;
- A bone densitometry report by the nuclear medicine physician, dated 20 October 2014;
- An MRI left shoulder report by the radiologist, dated 6 December 2014.

Your service

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

3 July 1997 and 18 September 2020

Left Shoulder - Acromioclavicular Joint Synovitis (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 Synovitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 July 2025, and is supported by an MRI left shoulder report by the radiologist, dated 8 August 2012.

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 pain, swelling and warmth over the left acromioclavicular joint, worse with lifting freight, overhead reach and lying on the left side, morning stiffness and a palpable swelling over the joint on 30 July 2012.

The diagnosis was confirmed by contrast MRI of the left shoulder on 8 August 2012, which showed an acromioclavicular effusion with thickened, enhancing synovium, early partial-thickness cartilage loss and small marginal osteophytes, in a veteran with pain, swelling, warmth and impaired function. Aspiration showed no organisms or crystals and inflammatory markers were normal, excluding a recurrence of septic, reactive or crystal arthritis. The cartilage loss and osteophytes meet the Statement of Principles definition of osteoarthritis, of which the synovitis is the inflammatory manifestation.

After the condition arose, it was worsened during your service. Reactive arthritis involving the left acromioclavicular joint, diagnosed in January 2009, had a further flare in 2013 and was present before the documented worsening on 6 December 2014. The bacterial septic arthritis of the left acromioclavicular joint of May 2003, with inflammation confirmed at washout, preceded the documented worsening on 6 December 2014. The intra-articular distal clavicle fracture of 11 January 2000 preceded the documented worsening on 6 December 2014. The haemarthrosis of January 2000 preceded the documented worsening on 6 December 2014. Haemochromatosis with arthropathy of the left acromioclavicular joint, diagnosed in 2006, was present before the documented worsening on 6 December 2014, despite venesection. The fall of January 2000 was within the 25 years before the documented worsening, which run from 6 December 1989 to 6 December 2014. The acute articular cartilage tear of January 2000 was within the 25 years before the documented worsening on 6 December 2014. The acute medial meniscal tear of the right knee of June 2004 was within the 25 years before the documented worsening on 6 December 2014. The frostbite involving the left acromioclavicular region of January 2009 preceded the documented worsening on 6 December 2014. The angulated malunion persisted unchanged from 2000, more than five years before the documented worsening on 6 December 2014. The subchondral osteonecrosis of the acromion shown in November 2009 preceded the documented worsening on 6 December 2014. The 11 years of sustained grip from 1997 to 2008 fell within a continuous 15-year period before the documented worsening on 6 December 2014. The 11 years of percussive tool use from 1997 to 2008 fell within the 25 years before the documented worsening on 6 December 2014. The asymmetric gait present from 2004 had lasted more than five years before the documented worsening on 6 December 2014. The ten-year lifting period from 2002 to 2012 was followed by the documented worsening on 6 December 2014, within 25 years of that period. The 3,900 hours of load carriage from 2002 to 2012 were followed by the documented worsening on 6 December 2014, within 25 years of that period. The continuous seven-year period of ladder climbing from 1999 to 2005 fell within the 25 years before the documented worsening on 6 December 2014. Your BMI remained at or above 25 from 2000, more than ten years before the documented worsening on 6 December 2014. Your waist circumference exceeded 102 cm from 2001, more than ten years before the documented

worsening on 6 December 2014. Your waist exceeded 88 centimetres from 2000, more than ten years before the documented worsening on 6 December 2014. The six-year kneeling period from 1998 to 2004 was followed by the documented worsening on 6 December 2014, within 25 years of that period. The internal derangement of the right knee from 2004 preceded the documented worsening on 6 December 2014. Chondromalacia patellae, recorded from 1997, preceded the documented worsening on 6 December 2014. The brachial plexus injury with loss of pain sensation and proprioception around the left shoulder persisted and was present before the documented worsening on 6 December 2014. Paget's disease of bone of the left clavicle, confirmed in 2011, was present before the documented worsening on 6 December 2014. Acromegaly, diagnosed in 2010 and only partly controlled after surgery, was present before the documented worsening on 6 December 2014. The dislocation of January 2000 preceded the documented worsening on 6 December 2014 by more than one year. Left hip femoroacetabular impingement syndrome, diagnosed in 2006, preceded the documented worsening on 6 December 2014. From June to November 2014, while deployed, your referral for a guided corticosteroid injection and rheumatology review of the left acromioclavicular synovitis could not be actioned for five months and you continued loading duties.

This has then led to further investigations and the diagnosis of your condition of *Acromioclavicular Joint Synovitis (Worsening)*. I have accepted your condition of *Acromioclavicular Joint Synovitis (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 6 December 2014.

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.