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 - Adhesive Capsulitis

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 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A casualty and exposure report by the forward aid post, East Timor, dated 12 December 1999;
- A specialist letter by the infectious diseases physician, dated 8 February 2000;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 19 March 2009;
- A neurology consultation and dopamine transporter scan report by the neurologist, dated 18 August 2010;
- An outpatient health record and MRI left shoulder report by the medical officer and radiologist, dated 24 January 2011;
- A trauma admission and X-ray report by Role 3 hospital, Afghanistan, dated 10 November 2011;
- An operation report by the orthopaedic surgeon, dated 14 November 2011;
- A histopathology report and breast surgery consultation by the breast surgeon, dated 22 November 2011;
- An operation report by the breast surgeon, dated 8 December 2011;
- A nerve conduction and electromyography report by the neurophysiologist, dated 20 December 2011;
- A physiotherapy review by the physiotherapist, dated 20 February 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 9 March 2012;

- An MRI left shoulder report by the radiologist, dated 16 April 2012;
- A specialist consultation by the orthopaedic surgeon, dated 18 April 2012;
- An electromyography report by the neurophysiologist, dated 12 November 2013;
- An operation report by the breast surgeon, dated 6 January 2014;
- A deployed health record by the medical officer, Role 2 facility, Middle East, dated 15 July 2014;
- An MRI left shoulder report by the radiologist, dated 2 October 2014.

Your service

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

3 February 1997 and 10 March 2016

Left Shoulder - Adhesive Capsulitis

You have stated that your condition was caused by:

- *having a significant injury involving the arm or shoulder of the affected side within the six months before the clinical onset of adhesive capsulitis of the shoulder*
- *undergoing a surgical procedure involving the shoulder, chest wall or neck of the affected side within the six months before the clinical onset of adhesive capsulitis of the shoulder*
- *having paralysis of the affected shoulder within the one year before the clinical onset of adhesive capsulitis of the shoulder*
- *having rotator cuff syndrome of the affected side at the time of the clinical onset of adhesive capsulitis of the shoulder*
- *having a malignant neoplasm involving the region of the affected shoulder or the adjacent thoracic region, including the breast, within the one year before the clinical onset of adhesive capsulitis of the shoulder*
- *having diabetes mellitus at the time of the clinical onset of adhesive capsulitis of the shoulder*
- *having a thyroid disease from the specified list of thyroid diseases at the time of the clinical onset of adhesive capsulitis of the shoulder*
- *having Parkinson's disease at the time of the clinical onset of adhesive capsulitis of the shoulder*
- *taking highly active antiretroviral therapy for human immunodeficiency virus infection at the time of the clinical onset of adhesive capsulitis of the shoulder*

Diagnosis: Adhesive Capsulitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by a specialist consultation by the orthopaedic

surgeon, dated 18 April 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 Adhesive Capsulitis of the Shoulder (Balance of Probabilities) (No. 73 of 2020)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having a significant injury involving the arm or shoulder of the affected side within the six months before the clinical onset of adhesive capsulitis of the shoulder*
- *undergoing a surgical procedure involving the shoulder, chest wall or neck of the affected side within the six months before the clinical onset of adhesive capsulitis of the shoulder*
- *having paralysis of the affected shoulder within the one year before the clinical onset of adhesive capsulitis of the shoulder*
- *having rotator cuff syndrome of the affected side at the time of the clinical onset of adhesive capsulitis of the shoulder*
- *having a malignant neoplasm involving the region of the affected shoulder or the adjacent thoracic region, including the breast, within the one year before the clinical onset of adhesive capsulitis of the shoulder*
- *having diabetes mellitus at the time of the clinical onset of adhesive capsulitis of the shoulder*
- *having a thyroid disease from the specified list of thyroid diseases at the time of the clinical onset of adhesive capsulitis of the shoulder*
- *having Parkinson's disease at the time of the clinical onset of adhesive capsulitis of the shoulder*
- *taking highly active antiretroviral therapy for human immunodeficiency virus infection at the time of the clinical onset of adhesive capsulitis of the shoulder*

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 severe, constant left shoulder pain that woke you at night and could not be relieved by simple analgesia, followed within weeks by progressive stiffness so that you could not reach overhead, behind you back or across your body on 9 March 2012.

The diagnosis was confirmed by an orthopaedic surgeon on 18 April 2012, after more than 28 days of left shoulder pain and stiffness with severe restriction of both active and passive movement: passive forward flexion 90 degrees, abduction 70 degrees and external rotation 10 degrees, with a capsular end-feel. This meets the Statement of Principles definition of adhesive capsulitis of the shoulder: shoulder pain and stiffness with severe functional restriction of both

active and passive motion lasting at least 28 days. The restriction of passive movement distinguishes it from weakness caused by the axillary nerve palsy, which limits active movement only.

This has then led to further investigations and the diagnosis of your condition of *Adhesive Capsulitis*. I have accepted your condition of *Adhesive Capsulitis*.

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 2 March 2012.

Left Shoulder - Adhesive Capsulitis (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 21 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- A casualty and exposure report by the forward aid post, East Timor, dated 12 December 1999;
- A specialist letter by the infectious diseases physician, dated 8 February 2000;
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- An outpatient health record and MRI left shoulder report by the medical officer and radiologist, dated 24 January 2011;
- A trauma admission and X-ray report by Role 3 hospital, Afghanistan, dated 10 November 2011;
- An operation report by the orthopaedic surgeon, dated 14 November 2011;
- A histopathology report and breast surgery consultation by the breast surgeon, dated 22 November 2011;
- An operation report by the breast surgeon, dated 8 December 2011;
- A nerve conduction and electromyography report by the neurophysiologist, dated 20 December 2011;
- A physiotherapy review by the physiotherapist, dated 20 February 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 9 March 2012;
- An MRI left shoulder report by the radiologist, dated 16 April 2012;
- A specialist consultation by the orthopaedic surgeon, dated 18 April 2012;
- An electromyography report by the neurophysiologist, dated 12 November 2013;
- An operation report by the breast surgeon, dated 6 January 2014;
- A deployed health record by the medical officer, Role 2 facility, Middle East, dated 15 July 2014;
- An MRI left shoulder report by the radiologist, dated 2 October 2014.

Your service

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

3 February 1997 and 10 March 2016

Left Shoulder - Adhesive Capsulitis (Worsening)

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

- *having a significant injury involving the arm or shoulder of the affected side within the six months before the clinical worsening of adhesive capsulitis of the shoulder*
- *undergoing a surgical procedure involving the shoulder, chest wall or neck of the affected side within the six months before the clinical worsening of adhesive capsulitis of the shoulder*
- *having paralysis of the affected shoulder within the one year before the clinical worsening of adhesive capsulitis of the shoulder*
- *having rotator cuff syndrome of the affected side at the time of the clinical worsening of adhesive capsulitis of the shoulder*
- *having a malignant neoplasm involving the region of the affected shoulder or the adjacent thoracic region, including the breast, within the one year before the clinical worsening of adhesive capsulitis of the shoulder*
- *having diabetes mellitus at the time of the clinical worsening of adhesive capsulitis of the shoulder*
- *having a thyroid disease from the specified list of thyroid diseases at the time of the clinical worsening of adhesive capsulitis of the shoulder*
- *having Parkinson's disease at the time of the clinical worsening of adhesive capsulitis of the shoulder*
- *having dyslipidaemia before the clinical worsening of adhesive capsulitis of the shoulder*
- *taking highly active antiretroviral therapy for human immunodeficiency virus infection at the time of the clinical worsening of adhesive capsulitis of the shoulder*
- *taking phenobarbital or primidone within the six weeks before the clinical worsening of adhesive capsulitis of the shoulder*
- *inability to obtain appropriate clinical management for adhesive capsulitis of the shoulder*

Diagnosis: Adhesive Capsulitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by a specialist consultation by the orthopaedic surgeon, dated 18 April 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 Adhesive Capsulitis of the Shoulder (Reasonable Hypothesis) (No. 72 of 2020)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having a significant injury involving the arm or shoulder of the affected side within the six months before the clinical worsening of adhesive capsulitis of the shoulder*
- *undergoing a surgical procedure involving the shoulder, chest wall or neck of the affected side within the six months before the clinical worsening of adhesive capsulitis of the shoulder*
- *having paralysis of the affected shoulder within the one year before the clinical worsening of adhesive capsulitis of the shoulder*
- *having rotator cuff syndrome of the affected side at the time of the clinical worsening of adhesive capsulitis of the shoulder*
- *having a malignant neoplasm involving the region of the affected shoulder or the adjacent thoracic region, including the breast, within the one year before the clinical worsening of adhesive capsulitis of the shoulder*
- *having diabetes mellitus at the time of the clinical worsening of adhesive capsulitis of the shoulder*
- *having a thyroid disease from the specified list of thyroid diseases at the time of the clinical worsening of adhesive capsulitis of the shoulder*
- *having Parkinson's disease at the time of the clinical worsening of adhesive capsulitis of the shoulder*
- *having dyslipidaemia before the clinical worsening of adhesive capsulitis of the shoulder*
- *taking highly active antiretroviral therapy for human immunodeficiency virus infection at the time of the clinical worsening of adhesive capsulitis of the shoulder*
- *taking phenobarbital or primidone within the six weeks before the clinical worsening of adhesive capsulitis of the shoulder*
- *inability to obtain appropriate clinical management for adhesive capsulitis of the shoulder*

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 severe, constant left shoulder pain that woke you at night and could not be relieved by simple analgesia, followed within weeks by progressive stiffness so that you could not reach overhead, behind you back or across your body on 9 March 2012.

The diagnosis was confirmed by an orthopaedic surgeon on 18 April 2012, after more than 28 days of left shoulder pain and stiffness with severe restriction of both active and passive movement: passive forward flexion 90 degrees, abduction 70 degrees and external rotation 10 degrees, with a capsular end-feel. This meets the Statement of Principles definition of adhesive

capsulitis of the shoulder: shoulder pain and stiffness with severe functional restriction of both active and passive motion lasting at least 28 days. The restriction of passive movement distinguishes it from weakness caused by the axillary nerve palsy, which limits active movement only.

After the condition arose, it was worsened during your service. The fall from a vehicle step onto your left arm on 28 May 2014 occurred on warlike service in the Middle East. The revision of the left chest wall scar on 3 February 2014 followed excision of a recurrence of the breast carcinoma first noticed on warlike service in Afghanistan. Partial paralysis of the left deltoid from the axillary nerve injury sustained on warlike service in Afghanistan persisted on electromyography on 12 November 2013, within the one year before the worsening, from 15 July 2013 to 15 July 2014. Left rotator cuff syndrome was present at the worsening on 15 July 2014, aggravated by carrying medical equipment on warlike service in the Middle East. The left chest wall recurrence of the breast carcinoma was present from November 2013 until its excision on 6 January 2014, within the one year before the worsening on warlike service, from 15 July 2013 to 15 July 2014. Type 2 diabetes mellitus, with an HbA1c of 8.6 per cent on warlike service in the Middle East in June 2014, was present at the worsening on 15 July 2014. Hashimoto hypothyroidism was present at the worsening on warlike service in the Middle East on 15 July 2014. Parkinson's disease, linked to insecticide exposure on warlike service in East Timor, was present and progressing at the worsening on 15 July 2014. Dyslipidaemia, treated with atorvastatin since March 2009, was present before the worsening on 15 July 2014, with an LDL cholesterol of 4.2 mmol/L in March 2014. Highly active antiretroviral therapy for HIV acquired on warlike service in East Timor continued throughout your warlike service in the Middle East and was being taken at the worsening on 15 July 2014. Primidone 250 mg nightly continued throughout the six weeks before the worsening, from 3 June 2014 to 15 July 2014, while you were on warlike service in the Middle East. On warlike service in the Middle East from 28 May to 22 July 2014 no physiotherapy, hydrodilatation or orthopaedic review was available, and operational demands prevented your return to Australia until 22 July 2014.

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

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 15 July 2014.

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