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 - Biceps Tendon Sprain

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 2 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 April 2025;
- A pre-deployment health assessment by the medical officer, RAAF base health centre, dated 14 May 2012;
- A patrol report and casualty record by the patrol commander, dated 17 October 2012;
- A deployed health record and X-ray report by the regimental medical officer, Afghanistan, dated 18 October 2012;
- An MRI left shoulder report by the radiologist, dated 25 February 2013;
- A sports medicine consultation by the sports and exercise physician, dated 12 June 2013;
- A deployed health record by the medical officer, Iraq, dated 7 March 2017;
- An MRI left shoulder report by the radiologist, dated 10 July 2017;
- An orthopaedic consultation by the orthopaedic surgeon, dated 24 July 2017;
- An operation report by the orthopaedic surgeon, dated 21 February 2018.

Your service

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

9 July 2009 and 26 August 2022

Left Shoulder - Biceps Tendon Sprain

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Biceps Tendon Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 April 2025, and is supported by a deployed health record and X-ray report by the regimental medical officer, Afghanistan, dated 18 October 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 Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

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 sharp anterior left shoulder pain radiating into the upper arm, swelling and bruising over the front of the shoulder, inability to raise the arm and pain on lifting, bending the elbow and turning the forearm palm upward on 18 October 2012.

The diagnosis was made clinically by the regimental medical officer on 18 October 2012, with swelling and tenderness over the bicipital groove, bruising, painful restricted movement and pain on resisted elbow flexion and supination with positive Speed's and Yergason's tests, the day after a forceful traction injury. X-ray excluded fracture and dislocation. MRI on 25 February 2013 confirmed a sprain and partial tear of the biceps pulley ligaments and a partial-thickness tear of the long head of biceps tendon.

This has then led to further investigations and the diagnosis of your condition of *Biceps Tendon Sprain*. I have accepted your condition of *Biceps Tendon Sprain*.

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 wartime service.

I have therefore accepted that this condition is related to your service with effect from 17 October 2012.

Left Shoulder - Biceps Tendon Sprain (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 2 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 April 2025;
- A pre-deployment health assessment by the medical officer, RAAF base health centre, dated 14 May 2012;
- A patrol report and casualty record by the patrol commander, dated 17 October 2012;
- A deployed health record and X-ray report by the regimental medical officer, Afghanistan, dated 18 October 2012;
- An MRI left shoulder report by the radiologist, dated 25 February 2013;
- A sports medicine consultation by the sports and exercise physician, dated 12 June 2013;
- A deployed health record by the medical officer, Iraq, dated 7 March 2017;
- An MRI left shoulder report by the radiologist, dated 10 July 2017;
- An orthopaedic consultation by the orthopaedic surgeon, dated 24 July 2017;
- An operation report by the orthopaedic surgeon, dated 21 February 2018.

Your service

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

9 July 2009 and 26 August 2022

Left Shoulder - Biceps Tendon Sprain (Worsening)

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

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Biceps Tendon Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 April 2025, and is supported by a deployed health record and X-ray report by the regimental medical officer, Afghanistan, dated 18 October 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 Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

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 sharp anterior left shoulder pain radiating into the upper arm, swelling and bruising over the front of the shoulder, inability to raise the arm and pain on lifting, bending the elbow and turning the forearm palm upward on 18 October 2012.

The diagnosis was made clinically by the regimental medical officer on 18 October 2012, with swelling and tenderness over the bicipital groove, bruising, painful restricted movement and pain on resisted elbow flexion and supination with positive Speed's and Yergason's tests, the day after a forceful traction injury. X-ray excluded fracture and dislocation. MRI on 25 February 2013 confirmed a sprain and partial tear of the biceps pulley ligaments and a partial-thickness tear of the long head of biceps tendon.

After the condition arose, it was worsened during your service. On warlike service in Iraq on 6 March 2017 you slipped from a vehicle hatch and caught your full weight on your left arm, applying significant force through the shoulder and rupturing the previously sprained biceps pulley, with medial subluxation of the tendon on MRI on 10 July 2017. In the same fall on warlike service in Iraq on 6 March 2017 the long head of biceps was forcibly stretched under load, worsening the strain to a longitudinal split tear confirmed on MRI on 10 July 2017. On warlike service in Afghanistan from October 2012 to February 2013, and in Iraq from March to July 2017, you could not obtain imaging, physiotherapy or orthopaedic review for your left shoulder and was required to continue operational duties.

This has then led to further investigations and the diagnosis of your condition of *Biceps Tendon Sprain (Worsening)*. I have accepted your condition of *Biceps Tendon Sprain (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 6 March 2017.

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