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 - Degenerative Subchondral Cysts

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 4 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 September 2025;
- A field hospital admission and microbiology report by the surgeon, Vietnam, dated 3 December 1969;
- A regimental aid post record by the medical officer, Vietnam, dated 22 February 1970;
- An arthroscopy report by the orthopaedic surgeon, dated 2 May 1985;
- A rheumatology consultation by the rheumatologist, dated 16 June 1987;
- A deployed health record and operational debrief by the medical officer, Somalia, dated 24 March 1993;
- A trauma admission by the x-ray and CT report, Field hospital and Radiologist, dated 11 April 1993;
- An electromyography report by the neurologist, dated 27 July 1993;
- An MRI left shoulder report by the radiologist, dated 14 September 1994;
- An endocrinology consultation by the endocrinologist, dated 6 November 1995;
- A joint aspiration and crystal analysis by the medical officer, dated 8 July 1996;
- A bone scan report by the nuclear medicine physician, dated 21 April 1999;
- An X-ray left shoulder report by the radiologist, dated 12 March 2001;
- An outpatient health record and X-ray report by the medical officer and radiologist, dated 19 October 2001;
- An MRI left shoulder report by the radiologist, dated 6 November 2001;
- A specialist referral by the medical officer, dated 12 November 2002;
- A bone densitometry report by the nuclear medicine physician, dated 12 July 2004;

- An MRI left shoulder report by the radiologist, dated 18 August 2004.

Your service

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

20 January 1968 and 15 February 2005

Left Shoulder - Degenerative Subchondral Cysts

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: Degenerative Subchondral Cysts

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 4 September 2025, and is supported by an MRI left shoulder report by the radiologist, dated 6 November 2001.

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 deep aching pain and grinding in the left shoulder, worse with lifting and overhead work and at night, stiffness and restricted external rotation and abduction.Since the worsening you have had constant pain and severe restriction of movement on 19 October 2001.

The diagnosis was confirmed by MRI of the left shoulder on 6 November 2001, which showed multiple degenerative subchondral cysts in the humeral head and glenoid with full-thickness cartilage loss, following X-ray on 19 October 2001 that showed the cysts with joint space narrowing, osteophytes and sclerosis. Together with pain, stiffness and impaired 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 *Degenerative Subchondral Cysts*. I have accepted your condition of *Degenerative Subchondral Cysts*.

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 10 October 2001.

Left Shoulder - Degenerative Subchondral Cysts (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 4 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 September 2025;
- A field hospital admission and microbiology report by the surgeon, Vietnam, dated 3 December 1969;
- A regimental aid post record by the medical officer, Vietnam, dated 22 February 1970;
- An arthroscopy report by the orthopaedic surgeon, dated 2 May 1985;
- A rheumatology consultation by the rheumatologist, dated 16 June 1987;
- A deployed health record and operational debrief by the medical officer, Somalia, dated 24 March 1993;
- A trauma admission by the x-ray and CT report, Field hospital and Radiologist, dated 11 April 1993;
- An electromyography report by the neurologist, dated 27 July 1993;
- An MRI left shoulder report by the radiologist, dated 14 September 1994;
- An endocrinology consultation by the endocrinologist, dated 6 November 1995;
- A joint aspiration and crystal analysis by the medical officer, dated 8 July 1996;
- A bone scan report by the nuclear medicine physician, dated 21 April 1999;
- An X-ray left shoulder report by the radiologist, dated 12 March 2001;
- An outpatient health record and X-ray report by the medical officer and radiologist, dated 19 October 2001;
- An MRI left shoulder report by the radiologist, dated 6 November 2001;
- A specialist referral by the medical officer, dated 12 November 2002;
- A bone densitometry report by the nuclear medicine physician, dated 12 July 2004;
- An MRI left shoulder report by the radiologist, dated 18 August 2004.

Your service

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

20 January 1968 and 15 February 2005

Left Shoulder - Degenerative Subchondral Cysts (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: Degenerative Subchondral Cysts (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 4 September 2025, and is supported by an MRI left shoulder report by the radiologist, dated 6 November 2001.

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 deep aching pain and grinding in the left shoulder, worse with lifting and overhead work and at night, stiffness and restricted external rotation and abduction.Since the worsening you have had constant pain and severe restriction of movement on 19 October 2001.

The diagnosis was confirmed by MRI of the left shoulder on 6 November 2001, which showed multiple degenerative subchondral cysts in the humeral head and glenoid with full-thickness cartilage loss, following X-ray on 19 October 2001 that showed the cysts with joint space narrowing, osteophytes and sclerosis. Together with pain, stiffness and impaired 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. Ankylosing spondylitis with involvement of the left glenohumeral joint, diagnosed in 1987, remained active and was present before the documented worsening on 18 August 2004. The bacterial septic arthritis of the left glenohumeral joint of December 1969, with inflammation and cartilage damage recorded at drainage, preceded the documented worsening on 18 August 2004. The intra-articular humeral head fracture of 11 April 1993 preceded the documented worsening on 18 August 2004. The haemarthrosis of April 1993 preceded the documented worsening on 18 August 2004. Gout involving the left shoulder, crystal-proven in 1996, recurred in 2003 and was present before the documented worsening on 18 August 2004. The accident of April 1993 was within the 25 years before the documented worsening, which run from 18 August 1979 to 18 August 2004. The acute articular cartilage tear of April 1993 was within the 25 years before the documented worsening on 18 August 2004. The acute medial meniscal tear of the right knee of May 1985 was within the 25 years before the documented worsening on 18 August 2004. The frostbite involving the left shoulder of February 1970 preceded the documented worsening on 18 August 2004. The angulation deformity of the proximal humerus persisted from 1993, more than five years before the documented worsening on 18 August 2004. The avascular necrosis of the humeral head shown in 1994 preceded the documented worsening on 18 August 2004. The same sustained grip, more than ten years between 1968 and 1982, fell within a continuous 15-year period before the documented worsening on 18 August 2004. The 12 years of percussive tool use from 1977 to 1990 fell within the 25 years before the documented worsening on 18 August 2004. The asymmetric gait present from 1993 had lasted more than five years before the documented worsening on 18 August 2004. The ten-year lifting period from 1968 to 1978 was followed by the documented worsening on 18 August 2004, within 25 years of that period. The 4,100 hours of load carriage from 1968 to 1978 were followed by the documented worsening on 18 August

2004, within 25 years of that period. The continuous seven-year period of stair and ladder climbing from 1984 to 1990 fell within the 25 years before the documented worsening on 18 August 2004. Your BMI remained at or above 25 from 1988, more than ten years before the documented worsening on 18 August 2004. Your waist circumference exceeded 102 cm from 1989, more than ten years before the documented worsening on 18 August 2004. Your waist circumference exceeded 88 centimetres at every measurement from 1989 to the documented worsening on 18 August 2004. The kneeling period from 1977 to 1990 was followed by the documented worsening on 18 August 2004, within 25 years of that period. The internal derangement of the right knee from 1985 preceded the documented worsening on 18 August 2004. Chondromalacia patellae, recorded from 1968, preceded the documented worsening on 18 August 2004. The axillary nerve injury with loss of pain sensation and proprioception persisted and was present before the documented worsening on 18 August 2004. Paget's disease of bone of the left proximal humerus and scapula, confirmed in 1999, was present before the documented worsening on 18 August 2004. Acromegaly, diagnosed in 1995 and only partly controlled after surgery, was present before the documented worsening on 18 August 2004. The dislocation of April 1993 preceded the documented worsening on 18 August 2004 by more than one year. Right hip femoroacetabular impingement syndrome, diagnosed in 1994, preceded the documented worsening on 18 August 2004. From November 2002 to August 2004 your referral for orthopaedic review of your symptomatic left shoulder waited 21 months because of a backlog in the Defence contracted specialist system, and no interim imaging was arranged.

This has then led to further investigations and the diagnosis of your condition of *Degenerative Subchondral Cysts (Worsening)*. I have accepted your condition of *Degenerative Subchondral Cysts (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 18 August 2004.

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.