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 - Dislocation

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 27 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 August 2025;
- An MRI lumbar spine by the radiologist, dated 5 October 2010;
- An outpatient health record by the medical officer, Garrison health centre, dated 12 October 2010;
- Nerve conduction studies and electromyography by the neurologist, dated 30 August 2012;
- A repeat electromyography by the neurologist, dated 17 January 2013;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 21 January 2013;
- A deployed health record by the medical officer, Role 1 facility, Afghanistan, dated 18 April 2013;
- Emergency admission (radiographs and pathology) by Role 3 hospital, Afghanistan, dated 18 April 2013;
- A CT left shoulder by the radiologist, Role 3 hospital, dated 19 April 2013;
- An orthopaedic consultation by the orthopaedic surgeon, dated 26 April 2013;
- An MRI arthrogram left shoulder by the radiologist, dated 20 May 2013;
- An electromyography by the neurologist, dated 27 May 2013;
- An operation report by the orthopaedic surgeon, dated 11 March 2014.

Your service

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

15 January 2003 and 4 December 2019

Left Shoulder - Dislocation

You have stated that your condition was caused by:

- *having physical trauma to the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having damage to a soft tissue structure as specified at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a fracture, avulsion or bony abnormality involving the articulating surfaces of the affected joint, at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *being pregnant within the six weeks before the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a temporomandibular joint or subluxation of a temporomandibular joint only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a patellofemoral joint only, being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a tibiofemoral joint or subluxation of a tibiofemoral joint only, being severely obese at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a total hip joint prosthesis only: being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total hip joint prosthesis only: having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total knee joint prosthesis only, having morbid obesity at the time of the clinical onset of dislocation of a joint*

Diagnosis: Dislocation

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 27 August 2025, and is supported by emergency admission (radiographs and pathology) by Role 3 hospital, Afghanistan, dated 18 April 2013.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Dislocation of a Joint and Subluxation of a Joint (Reasonable Hypothesis) (No. 55 of 2019)

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

I am satisfied that you have met the following factor:

- *having physical trauma to the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having damage to a soft tissue structure as specified at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a fracture, avulsion or bony abnormality involving the articulating surfaces of the affected joint, at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *being pregnant within the six weeks before the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a temporomandibular joint or subluxation of a temporomandibular joint only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a patellofemoral joint only, being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a tibiofemoral joint or subluxation of a tibiofemoral joint only, being severely obese at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a total hip joint prosthesis only: being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total hip joint prosthesis only: having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total knee joint prosthesis only, having morbid obesity at the time of the clinical onset of dislocation of a 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 severe left shoulder pain, a visible step deformity, inability to move the arm and numbness over the outer upper arm on 18 April 2013.

The diagnosis was confirmed on plain radiographs at the role 3 hospital on 18 April 2013, which showed a subcoracoid anterior dislocation of the left glenohumeral joint with complete loss of

contact between the humeral head and the glenoid. This meets the Statement of Principles definition of dislocation of a joint. It was a first-time traumatic dislocation, not congenital and not a recurrent dislocation due to joint instability.

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

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 18 April 2013.

Left Shoulder - Dislocation (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 27 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 August 2025;
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- An electromyography by the neurologist, dated 27 May 2013;
- An operation report by the orthopaedic surgeon, dated 11 March 2014.

Your service

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

15 January 2003 and 4 December 2019

Left Shoulder - Dislocation (Worsening)

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

- *inability to obtain appropriate clinical management for dislocation of a joint or subluxation of a joint*

Diagnosis: Dislocation (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 27 August 2025, and is supported by emergency admission (radiographs and pathology) by Role 3 hospital, Afghanistan, dated 18 April 2013.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Dislocation of a Joint and Subluxation of a Joint (Balance of Probabilities) (No. 56 of 2019)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for dislocation of a joint or subluxation of a 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 severe left shoulder pain, a visible step deformity, inability to move the arm and numbness over the outer upper arm on 18 April 2013.

The diagnosis was confirmed on plain radiographs at the role 3 hospital on 18 April 2013, which showed a subcoracoid anterior dislocation of the left glenohumeral joint with complete loss of contact between the humeral head and the glenoid. This meets the Statement of Principles definition of dislocation of a joint. It was a first-time traumatic dislocation, not congenital and not a recurrent dislocation due to joint instability.

After the condition arose, it was worsened during your service. On 18 April 2013 reduction of the dislocated shoulder could not be obtained for eleven hours because a dust storm grounded aeromedical evacuation, procedural sedation was unavailable at the role 1 facility and analgesia was limited by pregnancy.

This has then led to further investigations and the diagnosis of your condition of *Dislocation (Worsening)*. I have accepted your condition of *Dislocation (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 20 May 2013.

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