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 - Glenohumeral Osteoarthritis

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 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
- An outpatient health record by the medical officer, Trade training school, dated 11 March 1991;
- A deployed health record by the medical officer, Somalia, dated 14 March 1993;
- A field hospital admission record and CT report by the east timor, dated 10 October 1999;
- An MRI arthrogram left shoulder report by the radiologist, dated 22 November 1999;
- An MRI left knee report by the radiologist, dated 30 November 1999;
- A neurology consultation and nerve conduction study by the neurologist, dated 15 February 2000;
- A CT left shoulder report by the radiologist, dated 6 June 2001;
- An MRI left hip and orthopaedic consultation by the orthopaedic surgeon, dated 12 August 2004;
- A role 3 operation report and microbiology by the orthopaedic surgeon, Iraq, dated 25 July 2005;
- A synovial fluid crystal analysis by the rheumatologist, dated 8 May 2007;
- An endocrinology consultation by the endocrinologist, dated 4 March 2008;
- An MRI left shoulder report by the radiologist, dated 16 September 2008;
- A DXA report by the nuclear medicine physician, dated 10 February 2009;
- A role 2 clinical record by the medical officer, Afghanistan, dated 14 January 2010;
- An X-ray left shoulder and bone scan reports by the radiologist, dated 20 June 2011;

- An outpatient health record and X-ray left shoulder by the medical officer, Garrison health centre, dated 24 September 2012;
- An orthopaedic consultation by the orthopaedic surgeon, dated 5 November 2012;
- A DXA report by the nuclear medicine physician, dated 6 March 2016;
- An X-ray left shoulder and orthopaedic review by the orthopaedic surgeon, dated 22 November 2017.

Your service

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

20 January 1990 and 15 June 2020

Left Shoulder - Glenohumeral Osteoarthritis

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: Glenohumeral Osteoarthritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 August 2025, and is supported by an orthopaedic consultation by the orthopaedic surgeon, dated 5 November 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 deep aching pain in the left shoulder on use and at the end of the day, stiffness after rest, grinding on movement and reduced ability to work with the arm overhead on 24 September 2012.

The diagnosis was confirmed by X-ray of the left shoulder on 24 September 2012, which showed inferior glenohumeral joint space narrowing, an inferior humeral head osteophyte and subchondral sclerosis, by MRI on 10 October 2012 showing full-thickness cartilage loss and marginal osteophytes, and by an orthopaedic surgeon on 5 November 2012. This meets the Statement of Principles definition of osteoarthritis: pain, impaired function and stiffness, with imaging evidence of loss of articular cartilage and osteophytes.

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

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 14 September 2012.

Left Shoulder - Glenohumeral Osteoarthritis (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 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
- An outpatient health record by the medical officer, Trade training school, dated 11 March 1991;
- A deployed health record by the medical officer, Somalia, dated 14 March 1993;
- A field hospital admission record and CT report by the east timor, dated 10 October 1999;
- An MRI arthrogram left shoulder report by the radiologist, dated 22 November 1999;
- An MRI left knee report by the radiologist, dated 30 November 1999;
- A neurology consultation and nerve conduction study by the neurologist, dated 15 February 2000;
- A CT left shoulder report by the radiologist, dated 6 June 2001;
- An MRI left hip and orthopaedic consultation by the orthopaedic surgeon, dated 12 August 2004;
- A role 3 operation report and microbiology by the orthopaedic surgeon, Iraq, dated 25 July 2005;
- A synovial fluid crystal analysis by the rheumatologist, dated 8 May 2007;
- An endocrinology consultation by the endocrinologist, dated 4 March 2008;
- An MRI left shoulder report by the radiologist, dated 16 September 2008;
- A DXA report by the nuclear medicine physician, dated 10 February 2009;
- A role 2 clinical record by the medical officer, Afghanistan, dated 14 January 2010;
- An X-ray left shoulder and bone scan reports by the radiologist, dated 20 June 2011;
- An outpatient health record and X-ray left shoulder by the medical officer, Garrison health centre, dated 24 September 2012;
- An orthopaedic consultation by the orthopaedic surgeon, dated 5 November 2012;
- A DXA report by the nuclear medicine physician, dated 6 March 2016;
- An X-ray left shoulder and orthopaedic review by the orthopaedic surgeon, dated 22 November 2017.

Your service

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

20 January 1990 and 15 June 2020

Left Shoulder - Glenohumeral Osteoarthritis (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: Glenohumeral Osteoarthritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 August 2025, and is supported by an orthopaedic consultation by the orthopaedic surgeon, dated 5 November 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 deep aching pain in the left shoulder on use and at the end of the day, stiffness after rest, grinding on movement and reduced ability to work with the arm overhead on 24 September 2012.

The diagnosis was confirmed by X-ray of the left shoulder on 24 September 2012, which showed inferior glenohumeral joint space narrowing, an inferior humeral head osteophyte and subchondral sclerosis, by MRI on 10 October 2012 showing full-thickness cartilage loss and marginal osteophytes, and by an orthopaedic surgeon on 5 November 2012. This meets the Statement of Principles definition of osteoarthritis: pain, impaired function and stiffness, with imaging evidence of loss of articular cartilage and osteophytes.

After the condition arose, it was worsened during your service. The HLA-B27 related reactive arthritis of the left shoulder that began in Somalia on 14 March 1993 preceded the clinical worsening documented on 22 November 2017. The septic arthritis of the left shoulder of July 2005 preceded the clinical worsening on 22 November 2017, and the articular cartilage damaged by it formed part of the joint that deteriorated. The intra-articular glenoid rim fracture of October 1999 preceded the clinical worsening on 22 November 2017. The haemarthrosis aspirated on 10 October 1999 preceded the clinical worsening on 22 November 2017. Calcium pyrophosphate dihydrate deposition disease of the left shoulder, confirmed in 2007, persisted with further pseudogout attacks in 2014 and 2016, before the clinical worsening on 22 November 2017. The fracture-dislocation of October 1999, and a fall onto the left shoulder from a recovery vehicle in April 2016 causing immediate pain, swelling and haemarthrosis, both occurred within the 25 years before the worsening, which run from 22 November 1992 to 22 November 2017. The acute chondral flap tear of the humeral head shown on 22 November 1999 occurred within the 25 years before the clinical worsening on 22 November 2017. The acute medial meniscal tear of the left knee of October 1999 occurred within the 25 years before the clinical worsening on 22 November 2017. The frostbite involving the left shoulder of 14 January 2010 preceded the clinical worsening on 22 November 2017. The malunited glenoid with retroversion deformity persisted unchanged, causing disordered joint mechanics throughout the five years before the worsening, from 22 November 2012 to 22 November 2017. The avascular necrosis of the humeral head shown in 2008 progressed to subchondral collapse on MRI of 9 March 2016, before the clinical worsening on 22 November 2017. Your power grip work as a mechanic

averaged more than 30 hours a week for well over ten years within the continuous period 1990 to 2005, before the clinical worsening, and you continued similar work as a recovery mechanic to 2017. You used vibrating percussive tools on more days than not for about 14 years between 1990 and 2006, and again during 2017, all within the 25 years before the worsening on 22 November 2017. The asymmetric gait from the left knee injury persisted at every examination from 2004 to 2017, more than five years before the worsening, from 22 November 2012 to 22 November 2017. The cumulative total of about 280,000 kilograms of lifting between 1990 and 2000 exceeded 150,000 kilograms within a ten-year period before the worsening, and the worsening in 2017 occurred within the 25 years following that period. The cumulative total of about 4,500 hours of load carriage between 1990 and 2000 exceeded 3,800 hours within a ten-year period before the worsening, and the worsening in 2017 occurred within the 25 years following that period. You climbed more than 150 stairs or ladder rungs a day on most days for the continuous period from 1992 to 1998, within the 25 years before the worsening on 22 November 2017. Your BMI was above 25 at every examination from 1998 to 2017, more than ten years before the worsening, and was 32.0 in November 2017. Your waist circumference exceeded 102 centimetres at every measurement from 2000 to 2017, more than ten years before the worsening, and was 110 cm in November 2017. Your waist circumference exceeded 88 centimetres at every measurement from 2000 to 2017, more than ten years before the worsening on 22 November 2017. You knelt or squatted for more than an hour a day on most days from 1990 to 2017, a continuous period of far more than two years, and the worsening in 2017 occurred within 25 years of that period. Internal derangement of the left knee from the October 1999 injuries, with recurrent instability after graft failure, persisted before the worsening on 22 November 2017. Chondromalacia patellae of the left knee, diagnosed in 1991, persisted before the worsening on 22 November 2017. Impaired position sense of the left shoulder from the 1999 brachial plexus injury persisted before the worsening on 22 November 2017. Paget's disease of the left scapula and proximal humerus, diagnosed in 2011, remained active with a raised alkaline phosphatase in 2016, before the worsening. Acromegaly, diagnosed in 2008, preceded the worsening on 22 November 2017, and the joint changes it had caused persisted. Recurrent instability of the left shoulder had been present since October 1999, far more than one year before the worsening on 22 November 2017. Femoroacetabular impingement syndrome of the left hip, diagnosed in 2004, preceded the worsening on 22 November 2017. During your deployment to the Middle East from February to September 2017 you had no access to physiotherapy, orthopaedic review or image-guided injection for your diagnosed left shoulder osteoarthritis, and a recommended arthroplasty assessment was deferred until your return.

This has then led to further investigations and the diagnosis of your condition of *Glenohumeral Osteoarthritis (Worsening)*. I have accepted your condition of *Glenohumeral Osteoarthritis (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 22 November 2017.

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.