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 - Strain

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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A pre-deployment medical examination by the medical officer, dated 22 November 2011;
- A boarding officer's report and ship's medical record by the boarding officer and medical sailor, Middle East, dated 19 March 2012;
- A ship's medical record by the medical officer, Middle East, dated 21 March 2012;
- An ultrasound left shoulder by the radiologist, dated 2 May 2012;
- A physiotherapy assessment by the physiotherapist, dated 2 May 2012;
- A specialist consultation by the sports physician, dated 30 October 2012;
- A ship's medical record and incident report by the medical officer, Middle East, dated 11 May 2015;
- An ultrasound left shoulder and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 24 June 2015;
- An MRI left shoulder by the radiologist, dated 10 September 2015;
- A separation medical examination by the medical officer, dated 18 June 2019.

Your service

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

11 July 2003 and 30 September 2019

Left Shoulder - Strain

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: Strain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a ship's medical record by the medical officer, Middle East, dated 21 March 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 sudden tearing pain at the top and back of the left shoulder, swelling and bruising over the back of the shoulder, and pain and weakness on lifting the arm away from the body or rotating it outwards on 19 March 2012.

The diagnosis was made clinically by the ship's medical officer on 21 March 2012, who recorded tenderness over the supraspinatus and infraspinatus muscles and the anterior glenohumeral joint, bruising, painful and weak abduction and external rotation, and a stable joint after a traction injury. Ultrasound on 2 May 2012 confirmed a partial-thickness tear at the supraspinatus musculotendinous junction with infraspinatus oedema and thickening of the coracohumeral ligament. This meets the Statement of Principles definitions of a strain of a muscle and tendon and a sprain of a joint ligament.

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

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 19 March 2012.

Left Shoulder - Strain (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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A pre-deployment medical examination by the medical officer, dated 22 November 2011;
- A boarding officer's report and ship's medical record by the boarding officer and medical sailor, Middle East, dated 19 March 2012;
- A ship's medical record by the medical officer, Middle East, dated 21 March 2012;
- An ultrasound left shoulder by the radiologist, dated 2 May 2012;
- A physiotherapy assessment by the physiotherapist, dated 2 May 2012;
- A specialist consultation by the sports physician, dated 30 October 2012;
- A ship's medical record and incident report by the medical officer, Middle East, dated 11 May 2015;
- An ultrasound left shoulder and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 24 June 2015;
- An MRI left shoulder by the radiologist, dated 10 September 2015;
- A separation medical examination by the medical officer, dated 18 June 2019.

Your service

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

11 July 2003 and 30 September 2019

Left Shoulder - Strain (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: Strain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a ship's medical record by the medical officer, Middle East, dated 21 March 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 sudden tearing pain at the top and back of the left shoulder, swelling and bruising over the back of the shoulder, and pain and weakness on lifting the arm away from the body or rotating it outwards on 19 March 2012.

The diagnosis was made clinically by the ship's medical officer on 21 March 2012, who recorded tenderness over the supraspinatus and infraspinatus muscles and the anterior glenohumeral joint, bruising, painful and weak abduction and external rotation, and a stable joint after a traction injury. Ultrasound on 2 May 2012 confirmed a partial-thickness tear at the supraspinatus musculotendinous junction with infraspinatus oedema and thickening of the coracohumeral ligament. This meets the Statement of Principles definitions of a strain of a muscle and tendon and a sprain of a joint ligament.

After the condition arose, it was worsened during your service. On non-warlike maritime security service in the Middle East on 11 May 2015 a replenishment line snatched taut while you were hauling it, jerking the left arm and transmitting a sudden force through the left shoulder joint. The snatch load on non-warlike service in the Middle East on 11 May 2015 forcefully stretched the left rotator cuff, and the musculotendinous junction tear enlarged from 9 to 18 millimetres with new infraspinatus fibre disruption on ultrasound on 24 June 2015. On operational deployments in 2012 and 2015 the frigate remained on patrol for five and six weeks after each injury, with no ultrasound, physiotherapy or relief from duties, and you continued hauling lines and climbing ladders.

This has then led to further investigations and the diagnosis of your condition of *Strain (Worsening)*. I have accepted your condition of *Strain (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 11 May 2015.

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