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 Thumb - 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 30 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 January 2025;
- A post-incident medical examination by the medical officer, East Timor, dated 11 October 1999;
- A field hospital record and X-ray by the east timor, dated 20 November 1999;
- An operation report by the orthopaedic surgeon, dated 24 November 1999;
- A joint aspiration culture and aeromedical evacuation record by the bougainville, dated 15 June 2001;
- A colonoscopy report by the gastroenterologist, dated 14 May 2002;
- A specialist consultation by the x-ray and bone scan, Rheumatologist and Radiologist, dated 12 July 2005;
- An MRI left thumb by the radiologist, dated 10 March 2006;
- An outpatient health record by the medical officer, Afghanistan, dated 21 January 2007;
- A specialist consultation and X-ray by the hand surgeon, dated 3 September 2008;
- A post-deployment review and X-ray by the hand surgeon, dated 14 April 2011;
- An operation report by the hand surgeon, dated 19 September 2012;
- A separation medical examination by the medical officer, dated 6 March 2013.

Your service

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

3 February 1986 and 28 June 2013

Left Thumb - 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: Osteoarthritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 January 2025, and is supported by a specialist consultation and X-ray by the hand surgeon, dated 3 September 2008.

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 aching pain at the base of the left thumb, worse with pinching, gripping tools, turning keys and opening jars, morning stiffness, and weakness of pinch.After the 2011 worsening the pain became constant, with a visible prominence at the thumb base and marked weakness on 3 September 2008.

The diagnosis was made by a hand surgeon on 3 September 2008 on the basis of carpometacarpal joint tenderness, crepitus, a positive grind test and weak pinch, with X-ray showing joint space narrowing, subchondral sclerosis and osteophyte formation, Eaton stage II. This meets the Statement of Principles definition of osteoarthritis.

This has then led to further investigations and the diagnosis of your condition of *Osteoarthritis*. I have accepted your condition of *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 3 September 2008.

Left Thumb - 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 30 January 2025;
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- A colonoscopy report by the gastroenterologist, dated 14 May 2002;
- A specialist consultation by the x-ray and bone scan, Rheumatologist and Radiologist, dated 12 July 2005;
- An MRI left thumb by the radiologist, dated 10 March 2006;
- An outpatient health record by the medical officer, Afghanistan, dated 21 January 2007;
- A specialist consultation and X-ray by the hand surgeon, dated 3 September 2008;
- A post-deployment review and X-ray by the hand surgeon, dated 14 April 2011;
- An operation report by the hand surgeon, dated 19 September 2012;
- A separation medical examination by the medical officer, dated 6 March 2013.

Your service

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

3 February 1986 and 28 June 2013

Left Thumb - 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*
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- *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: Osteoarthritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 January 2025, and is supported by a specialist consultation and X-ray by the hand surgeon, dated 3 September 2008.

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*
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- *having disordered joint mechanics of the affected joint for at least five years before the clinical worsening of osteoarthritis in that joint*
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- *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 aching pain at the base of the left thumb, worse with pinching, gripping tools, turning keys and opening jars, morning stiffness, and weakness of

pinch.After the 2011 worsening the pain became constant, with a visible prominence at the thumb base and marked weakness on 3 September 2008.

The diagnosis was made by a hand surgeon on 3 September 2008 on the basis of carpometacarpal joint tenderness, crepitus, a positive grind test and weak pinch, with X-ray showing joint space narrowing, subchondral sclerosis and osteophyte formation, Eaton stage II. This meets the Statement of Principles definition of osteoarthritis.

After the condition arose, it was worsened during your service. Ulcerative colitis was diagnosed on colonoscopy on 14 May 2002, and from August 2004 a rheumatologist documented enteropathic arthritis with synovitis of the small joints of both hands, including the left thumb carpometacarpal joint. On 15 June 2001 a steel wire splinter penetrated the base of the left thumb, and three days later aspiration of the carpometacarpal joint grew Staphylococcus aureus, with an inflamed, swollen joint requiring intravenous antibiotics and washout. X-ray on 20 November 1999 showed a Bennett fracture, an intra-articular fracture of the base of the first metacarpal entering the carpometacarpal joint. At open reduction on 24 November 1999 the surgeon evacuated a haemarthrosis of the left thumb carpometacarpal joint caused by the fracture of 20 November 1999. Aspiration of the left thumb carpometacarpal joint on 12 July 2005 showed calcium pyrophosphate dihydrate crystals, and X-ray showed chondrocalcinosis of the joint, confirming calcium pyrophosphate dihydrate deposition disease (pseudogout) in the affected joint. On 20 November 1999 a steel container door slammed onto the left thumb, a discrete application of significant force through the carpometacarpal joint that caused a fracture-dislocation, with immediate pain, tenderness and deformity lasting for months and treated surgically. At surgery on 24 November 1999 the surgeon recorded an acute chondral flap tear of the articular surface of the trapezium, caused by the fracture-dislocation of 20 November 1999. On 14 March 2001 you fell from a truck tray and tore the medial meniscus of the right knee, confirmed on MRI on 2 April 2001 and repaired arthroscopically. On 21 January 2007 the medical officer recorded superficial and partial-thickness frostbite of the left thumb with blistering over the thumb base, after more than an hour of work bare-handed on frozen steel at minus 14 degrees. The Bennett fracture healed with 15 degrees of angulation of the base of the first metacarpal, shown on X-ray of 12 July 2005 and present from union in early 2000. MRI of 10 March 2006 showed subchondral osteonecrosis of the trapezium adjacent to the left thumb carpometacarpal joint, after two years of prednisolone 25 mg daily for ulcerative colitis and enteropathic arthritis. From 1990 to 2008 you worked as a metalsmith, gripping grinders, welding torches, snips, tongs and hammers in power grip and pinch grip for about 35 hours a week, recorded in your trade employment history, a cumulative period of more than ten years within the 15 years from 1993 to 2008. From 1987 to 2008 you used rivet guns, needle scalers, air chisels and chipping hammers on most working days, holding the work or tool with the left hand, a cumulative period of about 21 years. You fractured and dislocated your right ankle in the fall of 14 March 2001, which healed with a malunion, and an asymmetric antalgic gait has been recorded at every examination since January 2002. From 1990 to 2000 you lifted steel plate, sections, wheels and armour panels of 20 to 50 kilograms while standing, bearing weight through both knees, about 4,000 kilograms a week, a cumulative total of about 180,000 kilograms in that

ten-year period. From 1990 to 2000 you carried tool chests, steel and field packs of 20 to 40 kilograms for about 8 hours a week, bearing weight through both knees, a cumulative total of about 4,000 hours in that ten-year period. From 1997 to 2003 you fabricated and repaired armoured vehicle hulls and shelters, climbing ladders and scaffolds onto the vehicles more than 200 rungs a day on every working day, a continuous period of six years. Your BMI was 27.5 in 1996 and between 28 and 31 at every recorded measurement thereafter. Your waist circumference was 104 centimetres in 1996 and between 104 and 112 centimetres at every recorded measurement thereafter. You are male, and your waist circumference exceeded 88 centimetres continuously from 1994, when it was recorded as 96 centimetres, so the measurement this factor specifies was present for more than ten years. From 1990 to 2008 you knelt and squatted to weld and fabricate vehicle undersides, trailers and hulls for about two hours a day on most working days, including throughout your deployments to East Timor and Afghanistan. The fall of 14 March 2001 tore the medial meniscus and anterior cruciate ligament of the right knee, an internal derangement confirmed on MRI on 2 April 2001. Chondromalacia patellae of the right knee was diagnosed on MRI on 18 April 2000 after anterior knee pain from prolonged kneeling on field workshop floors in East Timor. Injury to the superficial radial nerve at the fixation of 24 November 1999 left numbness over the dorsal thumb base and impaired joint position sense of the thumb, confirmed on nerve conduction studies on 10 May 2001. A bone scan of 12 July 2005 and a raised alkaline phosphatase showed Paget's disease of the left first metacarpal and trapezium, the bones forming the affected joint, treated with zoledronic acid. Acromegaly was diagnosed on 20 August 2003, with a raised IGF-1, failure of growth hormone suppression and a pituitary macroadenoma on MRI, and was treated with surgery and octreotide. The Bennett fracture-dislocation of 20 November 1999 dislocated the carpometacarpal joint, and the hand surgeon recorded dorsoradial instability of the joint on 10 May 2001. An orthopaedic surgeon diagnosed cam-type femoroacetabular impingement syndrome of the right hip on 22 August 2007, with groin pain, a positive impingement test and a cam deformity on MRI arthrogram. During your deployment to the Middle East from October 2010 to April 2011 no hand surgeon, hand therapist or thumb splint was available and you continued full metalsmith duties.

This has then led to further investigations and the diagnosis of your condition of *Osteoarthritis (Worsening)*. I have accepted your condition of *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 14 April 2011.

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.