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 Wrist - Scapholunate Ligament Degeneration

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 19 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 September 2025;
- An outpatient health record by the medical officer, Naval base health centre, dated 14 May 1990;
- A ship's medical record by the ship's medical officer, Persian Gulf, dated 3 March 1991;
- A ship's medical record by the ship's medical officer, East Timor, dated 22 November 1999;
- An MRI left knee report and orthopaedic operation report by the orthopaedic surgeon, dated 6 December 1999;
- An MRI left hip report and orthopaedic consultation by the orthopaedic surgeon, dated 19 August 2002;
- An emergency record by the x-ray report and aspiration note, Coalition hospital, dated 27 March 2004;
- An MRI left wrist report by the radiologist, dated 20 April 2004;
- A nerve conduction study report by the neurologist, dated 10 May 2004;
- An operation report by the hand surgeon, dated 2 June 2004;
- An operation report and microbiology results by the hand surgeon, dated 18 June 2004;
- An MRI left wrist report by the radiologist, dated 15 August 2006;
- An endocrinology consultation and DXA report by the endocrinologist, dated 4 February 2008;
- An outpatient health record by the medical officer, Afghanistan, dated 12 January 2009;
- A rheumatology consultation (synovial fluid analysis and X-ray report) by the rheumatologist, dated 9 September 2009;

- A bone scan report and endocrinology consultation by the endocrinologist, dated 21 June 2010;
- An outpatient health record by the medical officer, Naval base health centre, dated 14 March 2011;
- An X-ray left wrist report by the radiologist, dated 16 March 2011;
- A hand surgery consultation by the hand surgeon, dated 5 April 2011;
- A DXA report by the endocrinologist, dated 6 February 2012;
- A ship's medical record by the ship's medical officer, Middle East Area of Operations, dated 18 June 2012;
- An X-ray and CT left wrist report by the radiologist, and hand surgery review, Hand surgeon, dated 15 November 2012;
- An operation report by the hand surgeon, dated 11 March 2013.

Your service

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

18 January 1988 and 5 May 2016

Left Wrist - Scapholunate Ligament Degeneration

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: Scapholunate Ligament Degeneration

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 September 2025, and is supported by a hand surgery consultation by the hand surgeon, dated 5 April 2011.

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 constant aching and stiffness of the left wrist, worse with gripping spanners and with weight-bearing through the hand, loss of wrist extension and a painful clunk on movement on 14 March 2011.

The diagnosis is based on chronic scapholunate dissociation since the rupture of 2004, shown on MRI on 20 April 2004 and 15 August 2006, with a dorsal intercalated segment instability deformity, and X-ray on 16 March 2011 showing radioscaphoid joint space narrowing, subchondral sclerosis and a radial styloid osteophyte, the radiographic features of stage I scapholunate advanced collapse osteoarthritis, together with mechanical pain, stiffness and loss of extension. The X-ray of 9 September 2009 had shown no joint space narrowing or osteophytes. This meets the Statement of Principles definition of osteoarthritis, a degenerative joint disease with loss of articular cartilage and bony remodelling, of the left wrist, including its intercarpal joints.

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

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 March 2011.

Left Wrist - Scapholunate Ligament Degeneration (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 19 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 September 2025;
- An outpatient health record by the medical officer, Naval base health centre, dated 14 May 1990;
- A ship's medical record by the ship's medical officer, Persian Gulf, dated 3 March 1991;
- A ship's medical record by the ship's medical officer, East Timor, dated 22 November 1999;
- An MRI left knee report and orthopaedic operation report by the orthopaedic surgeon, dated 6 December 1999;
- An MRI left hip report and orthopaedic consultation by the orthopaedic surgeon, dated 19 August 2002;
- An emergency record by the x-ray report and aspiration note, Coalition hospital, dated 27 March 2004;
- An MRI left wrist report by the radiologist, dated 20 April 2004;
- A nerve conduction study report by the neurologist, dated 10 May 2004;
- An operation report by the hand surgeon, dated 2 June 2004;
- An operation report and microbiology results by the hand surgeon, dated 18 June 2004;
- An MRI left wrist report by the radiologist, dated 15 August 2006;
- An endocrinology consultation and DXA report by the endocrinologist, dated 4 February 2008;
- An outpatient health record by the medical officer, Afghanistan, dated 12 January 2009;
- A rheumatology consultation (synovial fluid analysis and X-ray report) by the rheumatologist, dated 9 September 2009;
- A bone scan report and endocrinology consultation by the endocrinologist, dated 21 June 2010;
- An outpatient health record by the medical officer, Naval base health centre, dated 14 March 2011;
- An X-ray left wrist report by the radiologist, dated 16 March 2011;
- A hand surgery consultation by the hand surgeon, dated 5 April 2011;

- A DXA report by the endocrinologist, dated 6 February 2012;
- A ship's medical record by the ship's medical officer, Middle East Area of Operations, dated 18 June 2012;
- An X-ray and CT left wrist report by the radiologist, and hand surgery review, Hand surgeon, dated 15 November 2012;
- An operation report by the hand surgeon, dated 11 March 2013.

Your service

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

18 January 1988 and 5 May 2016

Left Wrist - Scapholunate Ligament Degeneration (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: Scapholunate Ligament Degeneration (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 September 2025, and is supported by a hand surgery consultation by the hand surgeon, dated 5 April 2011.

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 constant aching and stiffness of the left wrist, worse with gripping spanners and with weight-bearing through the hand, loss of wrist extension and a painful clunk on movement on 14 March 2011.

The diagnosis is based on chronic scapholunate dissociation since the rupture of 2004, shown on MRI on 20 April 2004 and 15 August 2006, with a dorsal intercalated segment instability deformity, and X-ray on 16 March 2011 showing radioscaphoid joint space narrowing, subchondral sclerosis and a radial styloid osteophyte, the radiographic features of stage I scapholunate advanced collapse osteoarthritis, together with mechanical pain, stiffness and loss of extension. The X-ray of 9 September 2009 had shown no joint space narrowing or osteophytes. This meets the Statement of Principles definition of osteoarthritis, a degenerative joint disease with loss of articular cartilage and bony remodelling, of the left wrist, including its intercarpal joints.

After the condition arose, it was worsened during your service. The HLA-B27 related reactive arthritis of the left wrist that began in the Persian Gulf on 3 March 1991 preceded the clinical worsening documented on 15 November 2012. The septic arthritis of the left wrist of June 2004 preceded the clinical worsening on 15 November 2012, and the cartilage it damaged formed part of the joint that deteriorated. The intra-articular fracture of the proximal pole of the scaphoid of March 2004 preceded the clinical worsening on 15 November 2012. The haemarthrosis aspirated on 27 March 2004 preceded the clinical worsening on 15 November 2012. Calcium pyrophosphate dihydrate deposition disease of the left wrist, confirmed in 2009, persisted with further pseudogout attacks in 2011 and July 2012, before the clinical worsening on 15 November

2012. The fall onto the bound left hand in March 2004, and a fall onto the left hand when the ship rolled heavily on 18 June 2012, causing immediate pain, swelling, haemarthrosis and loss of movement for more than seven days with splinting, both occurred within the 25 years before the worsening, which run from 15 November 1987 to 15 November 2012. The acute chondral flap tear of the scaphoid fossa shown on 20 April 2004 occurred within the 25 years before the clinical worsening on 15 November 2012. The acute medial meniscal tear of the left knee of November 1999 occurred within the 25 years before the clinical worsening on 15 November 2012. The frostbite involving the left wrist of 12 January 2009 preceded the clinical worsening on 15 November 2012. The rotatory subluxation of the scaphoid with the dorsal intercalated segment instability deformity persisted unchanged, causing disordered joint mechanics throughout the five years before the worsening, from 15 November 2007 to 15 November 2012. The avascular necrosis of the proximal pole of the scaphoid shown in 2006 progressed to subchondral collapse and fragmentation on CT of 15 November 2012, preceding and forming part of the worsening. Your power grip work as a marine technician averaged more than 30 hours a week for about thirteen years within the continuous period 1990 to 2005, before the clinical worsening, and you continued similar engine maintenance at sea in 2012. You used vibrating percussive tools on more days than not for about thirteen years between 1990 and 2003, and again during 2012, all within the 25 years before the worsening on 15 November 2012. The asymmetric gait from the left knee injury persisted at every examination from 2003 to 2012, more than five years before the worsening, from 15 November 2007 to 15 November 2012. The cumulative total of about 165,000 kilograms of lifting between 1989 and 1999 exceeded 150,000 kilograms within a ten-year period before the worsening, and the worsening in 2012 occurred within the 25 years following that period. The cumulative total of about 4,100 hours of load carriage between 1989 and 1999 exceeded 3,800 hours within a ten-year period before the worsening, and the worsening in 2012 occurred within the 25 years following that period. You climbed more than 150 ladder rungs a day on most days for the continuous period from 1989 to 2000, within the 25 years before the worsening on 15 November 2012. Your BMI was above 25 at every examination from 1997 to 2012, more than ten years before the worsening, and was 32.6 in November 2012. Your waist circumference exceeded 102 centimetres at every measurement from 1999 to 2012, more than ten years before the worsening, and was 111 cm in November 2012. Your waist circumference exceeded 88 centimetres at every measurement from 1999 to 2012, more than ten years before the worsening on 15 November 2012. You knelt or squatted for more than an hour a day on most days from 1989 to 2008, a continuous period of far more than two years, and the worsening in 2012 occurred within 25 years of that period. Internal derangement of the left knee from the November 1999 injury, with recurrent giving way after graft failure, persisted before the worsening on 15 November 2012. Chondromalacia patellae of the left knee, diagnosed in 1990, persisted before the worsening on 15 November 2012. The median and ulnar compression neuropathy with impaired position sense at the left wrist from the 2004 captivity persisted on repeat nerve conduction studies in 2011, before the worsening. Paget's disease of the distal left radius, diagnosed in 2010, remained active with a raised alkaline phosphatase in 2012, before the worsening. Acromegaly, diagnosed in 2008, preceded the worsening on 15 November 2012, and the joint and soft tissue changes it had caused persisted. Scapholunate instability of the left wrist had been present since March 2004, far more than one

year before the worsening on 15 November 2012. Femoroacetabular impingement syndrome of the left hip, diagnosed in 2002, preceded the worsening on 15 November 2012. During your deployment to the Middle East from March to September 2012 you had no access to a hand surgeon, imaging or hand therapy for your diagnosed left wrist osteoarthritis, and the partial wrist fusion that the hand surgeon had planned in April 2011 was deferred because you were required for the deployment.

This has then led to further investigations and the diagnosis of your condition of *Scapholunate Ligament Degeneration (Worsening)*. I have accepted your condition of *Scapholunate Ligament Degeneration (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 15 November 2012.

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.