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.

Right Ankle - Joint Instability

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 2 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 July 2025;
- An outpatient health record by the medical officer, Garrison health centre, dated 22 March 2004;
- A role 3 hospital admission by the x-ray and operation report, Orthopaedic surgeon, Iraq, dated 3 May 2006;
- A sports medicine consultation by the sports physician, dated 14 May 2008;
- A rheumatology consultation by the rheumatologist, dated 12 August 2009;
- An MRI lumbar spine by the radiologist, dated 20 November 2009;
- A pre-deployment medical examination by the medical officer, dated 6 December 2010;
- A deployed health record by the medical officer, Afghanistan, dated 21 April 2011;
- Stress radiographs and orthopaedic consultation by the orthopaedic surgeon, dated 18 August 2011;
- An operation report by the spinal surgeon, dated 16 March 2015;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 9 August 2018;
- An MRI and stress radiographs by the radiologist, dated 25 October 2018;
- A discharge medical examination by the medical officer, dated 4 June 2020;
- A clinical assessment by the general practitioner, dated 2 July 2025.

Your service

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

12 July 2001 and 4 June 2020

Right Ankle - Joint Instability

You have stated that your condition was caused by:

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

Diagnosis: Joint Instability

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 July 2025, and is supported by stress radiographs and orthopaedic consultation

by the orthopaedic surgeon, dated 18 August 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 Joint Instability (Reasonable Hypothesis) (No. 57 of 2019)

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

I am satisfied that you have met the following factor:

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

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 medial and lateral right ankle pain, swelling and repeated episodes of the ankle giving way on uneven ground and steps on 21 April 2011.

The diagnosis was confirmed by an orthopaedic surgeon on 18 August 2011 from a history of recurrent giving way, positive anterior drawer and eversion stress tests, and stress radiographs showing anterior talar translation of 11 millimetres and medial clear space widening to 6 millimetres. A Cumberland Ankle Instability Tool score of 13 of 30 confirmed functional instability.

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

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 21 April 2011.

Right Ankle - Joint Instability (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 2 July 2025;
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- An MRI and stress radiographs by the radiologist, dated 25 October 2018;
- A discharge medical examination by the medical officer, dated 4 June 2020;
- A clinical assessment by the general practitioner, dated 2 July 2025.

Your service

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

12 July 2001 and 4 June 2020

Right Ankle - Joint Instability (Worsening)

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

- *having physical trauma to the affected joint at the time of the clinical worsening of joint instability*
- *having damage to a soft tissue structure as specified before the clinical worsening of joint instability*
- *having a fracture or bony abnormality involving the articulating surfaces of the affected joint before the clinical worsening of joint instability*
- *having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical worsening of joint instability*
- *being pregnant within the six weeks before the clinical worsening of joint instability*
- *for temporomandibular joint instability only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical worsening of joint instability*
- *for total hip prosthesis joint instability only, having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical worsening of joint instability*
- *for total hip joint prosthesis joint instability only, being obese at the time of the clinical worsening of joint instability*
- *for tibiofemoral joint instability only, being severely obese at the time of the clinical worsening of joint instability*
- *for total knee joint prosthesis joint instability only, having morbid obesity at the time of the clinical worsening of joint instability*
- *for elbow joint instability only, having more than three local glucocorticoid injections for epicondylitis before the clinical worsening of joint instability*
- *inability to obtain appropriate clinical management for joint instability*

Diagnosis: Joint Instability (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 July 2025, and is supported by stress radiographs and orthopaedic consultation by the orthopaedic surgeon, dated 18 August 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 Joint Instability (Reasonable Hypothesis) (No. 57 of 2019)

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

I am satisfied that you have met the following factor:

- *having physical trauma to the affected joint at the time of the clinical worsening of joint instability*

- *having damage to a soft tissue structure as specified before the clinical worsening of joint instability*
- *having a fracture or bony abnormality involving the articulating surfaces of the affected joint before the clinical worsening of joint instability*
- *having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical worsening of joint instability*
- *being pregnant within the six weeks before the clinical worsening of joint instability*
- *for temporomandibular joint instability only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical worsening of joint instability*
- *for total hip prosthesis joint instability only, having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical worsening of joint instability*
- *for total hip joint prosthesis joint instability only, being obese at the time of the clinical worsening of joint instability*
- *for tibiofemoral joint instability only, being severely obese at the time of the clinical worsening of joint instability*
- *for total knee joint prosthesis joint instability only, having morbid obesity at the time of the clinical worsening of joint instability*
- *for elbow joint instability only, having more than three local glucocorticoid injections for epicondylitis before the clinical worsening of joint instability*
- *inability to obtain appropriate clinical management for joint instability*

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 medial and lateral right ankle pain, swelling and repeated episodes of the ankle giving way on uneven ground and steps on 21 April 2011.

The diagnosis was confirmed by an orthopaedic surgeon on 18 August 2011 from a history of recurrent giving way, positive anterior drawer and eversion stress tests, and stress radiographs showing anterior talar translation of 11 millimetres and medial clear space widening to 6 millimetres. A Cumberland Ankle Instability Tool score of 13 of 30 confirmed functional instability.

After the condition arose, it was worsened during your service. On warlike service in the Middle East on 9 August 2018 you stepped down from a forklift onto uneven hardstand and twisted your right ankle. The deltoid ligament rupture sustained on warlike service in Iraq in 2006 persisted as chronic attenuation on MRI in 2018, before the worsening. The posterior malleolar fracture sustained on warlike service in Iraq in 2006 left post-traumatic irregularity of the tibial plafond before the worsening. Active rheumatoid synovitis with erosions of the right ankle was present at the time of the worsening on warlike service in the Middle East on 9 August 2018. You

conceived on about 20 July 2018 during your warlike deployment to the Middle East, with pregnancy confirmed on 15 August 2018. At the moment of the injury on warlike service on 9 August 2018 you were vomiting with gastroenteritis acquired on deployment, an activity involving wide opening of the mouth. The L5-S1 lumbar spinal fusion of 16 March 2015 was present at the time of the worsening on warlike service in 2018. Your BMI was 41.5 at the worsening on warlike service in the Middle East in August 2018. With a BMI of 41.5 you were severely obese at the time of the worsening on warlike service on 9 August 2018. With a BMI of 41.5 you had morbid obesity at the time of the worsening on warlike service on 9 August 2018. By the worsening on 9 August 2018 you had received six glucocorticoid injections for right medial epicondylitis, the four given from 2008 to 2010 and two more on 11 September 2013 and 4 June 2014. On warlike service in Afghanistan in 2011 and in the Middle East in 2018 you had no stress imaging, physiotherapy or bracing review after each injury, and in Iraq in 2006 the syndesmotic screw was placed without later planned removal.

This has then led to further investigations and the diagnosis of your condition of *Joint Instability (Worsening)*. I have accepted your condition of *Joint Instability (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 9 August 2018.

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