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 Elbow - Common Extensor/flexor Tendinopathy

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 15 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 October 2025;
- A rheumatology consultation and X-ray report by the rheumatologist, dated 14 June 2004;
- A pre-deployment medical examination by the senior medical officer, RAAF base health centre, dated 2 October 2007;
- A deployed clinical record by the medical officer, Middle East Area of Operations, dated 12 May 2008;
- A deployed clinical record by the medical officer, Middle East Area of Operations, dated 26 May 2008;
- An ultrasound right elbow report by the radiologist, dated 10 October 2008;
- A physiotherapy and sports medicine treatment notes by the physiotherapist and sports physician, dated 2009;
- A referral letter by the medical officer, RAAF base health centre, dated 2012;
- A deployed clinical record by the medical officer, Middle East Area of Operations, dated 18 August 2015;
- An MRI right elbow report and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 16 November 2015;
- An operation report by the orthopaedic surgeon, dated 9 March 2016;
- A statement of duties and design software usage by the flight commander;
- A medical board and separation health examination by the senior medical officer, dated 30 April 2018.

Your service

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

22 January 1996 and 30 April 2018

Right Elbow - Common Extensor/flexor Tendinopathy

You have stated that your condition was caused by:

- *performing forceful activities with the hand or forearm on the affected side, in combination with: repetitive activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical onset of epicondylitis*
- *performing forceful activities with the hand or forearm on the affected side, in combination with: sustained activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical onset of epicondylitis*
- *using a hand-held computer mouse on the affected side for at least 20 hours per week in the 6 months before the clinical onset of epicondylitis*
- *having a sudden alteration of loading pattern as specified for a continuous period of at least 1 hour, within the 3 days before the clinical onset of epicondylitis*
- *taking a fluoroquinolone antibiotic within the 14 days before the clinical onset of epicondylitis*
- *having spondyloarthritis at the time of the clinical onset of epicondylitis*

Diagnosis: Common Extensor/flexor Tendinopathy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 October 2025, and is supported by a deployed clinical record by the medical officer, Middle East Area of Operations, dated 26 May 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 Epicondylitis (Reasonable Hypothesis) (No. 5 of 2023)

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

I am satisfied that you have met the following factor:

- *performing forceful activities with the hand or forearm on the affected side, in combination with: repetitive activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical onset of epicondylitis*

- *performing forceful activities with the hand or forearm on the affected side, in combination with: sustained activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical onset of epicondylitis*
- *using a hand-held computer mouse on the affected side for at least 20 hours per week in the 6 months before the clinical onset of epicondylitis*
- *having a sudden alteration of loading pattern as specified for a continuous period of at least 1 hour, within the 3 days before the clinical onset of epicondylitis*
- *taking a fluoroquinolone antibiotic within the 14 days before the clinical onset of epicondylitis*
- *having spondyloarthritis at the time of the clinical onset of epicondylitis*

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 pain on both the outer and inner sides of the right elbow when gripping and squeezing the rivet gun, holding the bucking bar, drilling and turning a screwdriver, with pain radiating into the forearm and weakness of grip on 26 May 2008.

The diagnosis was made clinically on 26 May 2008 by the deployed medical officer, who found tenderness over both the lateral and the medial epicondyles of the right elbow, pain on resisted wrist extension and on resisted wrist flexion and pronation, and reduced grip strength. This meets the Statement of Principles definition of epicondylitis, which includes both lateral and medial epicondylitis.

This has then led to further investigations and the diagnosis of your condition of *Common Extensor/flexor Tendinopathy*. I have accepted your condition of *Common Extensor/flexor Tendinopathy*.

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 24 May 2008.

Right Elbow - Common Extensor/flexor Tendinopathy (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 15 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 October 2025;
- A rheumatology consultation and X-ray report by the rheumatologist, dated 14 June 2004;
- A pre-deployment medical examination by the senior medical officer, RAAF base health centre, dated 2 October 2007;
- A deployed clinical record by the medical officer, Middle East Area of Operations, dated 12 May 2008;
- A deployed clinical record by the medical officer, Middle East Area of Operations, dated 26 May 2008;
- An ultrasound right elbow report by the radiologist, dated 10 October 2008;
- A physiotherapy and sports medicine treatment notes by the physiotherapist and sports physician, dated 2009;
- A referral letter by the medical officer, RAAF base health centre, dated 2012;
- A deployed clinical record by the medical officer, Middle East Area of Operations, dated 18 August 2015;
- An MRI right elbow report and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 16 November 2015;
- An operation report by the orthopaedic surgeon, dated 9 March 2016;
- A statement of duties and design software usage by the flight commander;
- A medical board and separation health examination by the senior medical officer, dated 30 April 2018.

Your service

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

22 January 1996 and 30 April 2018

Right Elbow - Common Extensor/flexor Tendinopathy (Worsening)

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

- *performing forceful activities with the hand or forearm on the affected side, in combination with: repetitive activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical worsening of epicondylitis*
- *performing forceful activities with the hand or forearm on the affected side, in combination with: sustained activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical worsening of epicondylitis*
- *using a hand-held computer mouse on the affected side for at least 20 hours per week in the 6 months before the clinical worsening of epicondylitis*
- *having a sudden alteration of loading pattern as specified for a continuous period of at least 1 hour, within the 3 days before the clinical worsening of epicondylitis*
- *taking a fluoroquinolone antibiotic within the 14 days before the clinical worsening of epicondylitis*
- *having spondyloarthritis at the time of the clinical worsening of epicondylitis*
- *inability to obtain appropriate clinical management for epicondylitis*

Diagnosis: Common Extensor/flexor Tendinopathy (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 October 2025, and is supported by a deployed clinical record by the medical officer, Middle East Area of Operations, dated 26 May 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 Epicondylitis (Reasonable Hypothesis) (No. 5 of 2023)

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

I am satisfied that you have met the following factor:

- *performing forceful activities with the hand or forearm on the affected side, in combination with: repetitive activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical worsening of epicondylitis*
- *performing forceful activities with the hand or forearm on the affected side, in combination with: sustained activities with the hand or forearm on the affected side; for at least 1 hour per day, on more days than not, over a period of at least the 4 weeks before the clinical worsening of epicondylitis*

- *using a hand-held computer mouse on the affected side for at least 20 hours per week in the 6 months before the clinical worsening of epicondylitis*
- *having a sudden alteration of loading pattern as specified for a continuous period of at least 1 hour, within the 3 days before the clinical worsening of epicondylitis*
- *taking a fluoroquinolone antibiotic within the 14 days before the clinical worsening of epicondylitis*
- *having spondyloarthritis at the time of the clinical worsening of epicondylitis*
- *inability to obtain appropriate clinical management for epicondylitis*

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 pain on both the outer and inner sides of the right elbow when gripping and squeezing the rivet gun, holding the bucking bar, drilling and turning a screwdriver, with pain radiating into the forearm and weakness of grip on 26 May 2008.

The diagnosis was made clinically on 26 May 2008 by the deployed medical officer, who found tenderness over both the lateral and the medial epicondyles of the right elbow, pain on resisted wrist extension and on resisted wrist flexion and pronation, and reduced grip strength. This meets the Statement of Principles definition of epicondylitis, which includes both lateral and medial epicondylitis.

After the condition arose, it was worsened during your service. On warlike service in the Middle East, from 21 July 2015 to 18 August 2015, you spent about two hours a day, six days a week, on forceful and repetitive right-handed drilling and riveting throughout the 4 weeks before the worsening. In the same 4 weeks on warlike service you held bucking bars and panels in a sustained forceful right-handed grip for more than 1 hour a day on most days. Throughout the 6 months before the worsening, from 18 February 2015 to 18 August 2015, on warlike service in the Middle East from 5 February 2015, you used a mouse in your right hand for about 25 hours a week. From 15 to 17 August 2015, on warlike service, you replaced damaged skin panels and frames on a maritime patrol aircraft, drilling, riveting and carrying 15 kilogram panels for about seven hours a day in continuous periods of more than 1 hour, more than three times your usual hands-on workload and above 5 METs, within the 3 days before the worsening. Ciprofloxacin was taken from 06 to 15 August 2015 for prostatitis treated on warlike service in the Middle East, ending three days before the worsening. Ankylosing spondylitis was flaring while you were on warlike service in the Middle East and at the worsening on 18 August 2015, with a CRP of 28 milligrams per litre. On warlike service in the Middle East in 2008 no physiotherapist was available and you continued battle damage repair duties with a strap.

This has then led to further investigations and the diagnosis of your condition of *Common Extensor/flexor Tendinopathy (Worsening)*. I have accepted your condition of *Common Extensor/flexor Tendinopathy (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 18 August 2015.

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.