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 Origin 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 4 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 June 2025;
- A pre-deployment medical examination by the regimental medical officer, dated 14 November 2011;
- A deployed clinical record and stool culture result by the medical officer, Afghanistan, dated 6 June 2012;
- A deployed clinical record by the medical officer, Afghanistan, dated 20 June 2012;
- An ultrasound right elbow report by the radiologist, dated 15 October 2012;
- A rheumatology consultation by the rheumatologist, dated Nov 2012;
- An MRI sacroiliac joints report by the radiologist, dated 20 March 2013;
- A mar 2015 to Dec 2015 by the referral and sports medicine consultation, Sports physician;
- A deployed clinical record by the medical officer, Iraq, dated 22 June 2017;
- An MRI right elbow report by the radiologist, dated 2 October 2017;
- An operation report by the orthopaedic surgeon, dated 14 March 2018;
- A supervisor's statement of duties and maintenance system usage by the workshop supervisor;
- A medical board and separation health examination by the senior medical officer, dated 14 October 2019.

Your service

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

5 February 2006 and 14 October 2019

Right Elbow - Common Extensor Origin 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 Origin Tendinopathy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 4 June 2025, and is supported by a deployed clinical record by the medical officer, Afghanistan, dated 20 June 2012.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning 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 over the outside of the right elbow on gripping tools, lifting battery boxes, turning a screwdriver and using the mouse, with pain spreading down the back of the forearm and a weak grip on 20 June 2012.

The diagnosis was made clinically on 20 June 2012 by the deployed medical officer, who found tenderness over the right lateral epicondyle, pain on resisted wrist and middle finger extension and reduced grip strength. This meets the Statement of Principles definition of epicondylitis, which includes lateral epicondylitis affecting the common extensor origin.

This has then led to further investigations and the diagnosis of your condition of *Common Extensor Origin Tendinopathy*. I have accepted your condition of *Common Extensor Origin 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 18 June 2012.

Right Elbow - Common Extensor Origin 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 4 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 4 June 2025;
- A pre-deployment medical examination by the regimental medical officer, dated 14 November 2011;
- A deployed clinical record and stool culture result by the medical officer, Afghanistan, dated 6 June 2012;
- A deployed clinical record by the medical officer, Afghanistan, dated 20 June 2012;
- An ultrasound right elbow report by the radiologist, dated 15 October 2012;
- A rheumatology consultation by the rheumatologist, dated Nov 2012;
- An MRI sacroiliac joints report by the radiologist, dated 20 March 2013;
- A mar 2015 to Dec 2015 by the referral and sports medicine consultation, Sports physician;
- A deployed clinical record by the medical officer, Iraq, dated 22 June 2017;
- An MRI right elbow report by the radiologist, dated 2 October 2017;
- An operation report by the orthopaedic surgeon, dated 14 March 2018;
- A supervisor's statement of duties and maintenance system usage by the workshop supervisor;
- A medical board and separation health examination by the senior medical officer, dated 14 October 2019.

Your service

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

5 February 2006 and 14 October 2019

Right Elbow - Common Extensor Origin 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 Origin Tendinopathy (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 4 June 2025, and is supported by a deployed clinical record by the medical officer, Afghanistan, dated 20 June 2012.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning 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 over the outside of the right elbow on gripping tools, lifting battery boxes, turning a screwdriver and using the mouse, with pain spreading down the back of the forearm and a weak grip on 20 June 2012.

The diagnosis was made clinically on 20 June 2012 by the deployed medical officer, who found tenderness over the right lateral epicondyle, pain on resisted wrist and middle finger extension and reduced grip strength. This meets the Statement of Principles definition of epicondylitis, which includes lateral epicondylitis affecting the common extensor origin.

After the condition arose, it was worsened during your service. On warlike service in Iraq, from 25 May 2017 to 22 June 2017, you spent about two hours a day, six days a week, on forceful and repetitive right-handed repair work on vehicle-mounted systems throughout the 4 weeks before the worsening. In the same 4 weeks on warlike service in Iraq you carried 15 to 25 kilogram equipment cases in your right hand and held components in a sustained forceful grip for more than 1 hour a day on most days. Throughout the 6 months before the worsening, from 22 December 2016 to 22 June 2017, on warlike service in Iraq from 15 December 2016, you used a mouse in your right hand for about 25 hours a week. From 19 to 21 June 2017, on warlike service in Iraq, you relocated a communications node, carrying 15 to 25 kilogram equipment cases and using heavy power tools for about five hours a day in continuous periods of more than 1 hour, more than double your usual forceful workload and above 5 METs, within the 3 days before the worsening. Moxifloxacin was taken from 10 to 16 June 2017 for pneumonia contracted on warlike service in Iraq, ending six days before the worsening. The undifferentiated spondyloarthropathy that evolved from reactive arthritis after dysentery on warlike service in Afghanistan was active at the worsening on 22 June 2017, with a CRP of 34 milligrams per litre. On warlike service in Afghanistan in 2012 no physiotherapist was available and you were managed with a strap while continuing forceful duties.

This has then led to further investigations and the diagnosis of your condition of *Common Extensor Origin Tendinopathy (Worsening)*. I have accepted your condition of *Common Extensor Origin 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 22 June 2017.

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.