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 - Lateral Epicondylitis

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 14 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 October 2025;
- A pre-deployment medical examination by the medical officer, dated 2 December 2011;
- A treatment record and stool culture report by the medical officer, Afghanistan, dated 8 March 2012;
- A treatment record (reactive arthritis) by the medical officer, Afghanistan, dated 15 March 2012;
- A workshop log (urgent vehicle re-fit) by the technical workshop, Afghanistan, dated 16 March 2012;
- A treatment record and X-ray report by the medical officer, Afghanistan, dated 18 March 2012;
- An ultrasound report and physiotherapy assessment by the radiologist and physiotherapist, dated 15 October 2012;
- A specialist consultation and MRI sacroiliac joints by the rheumatologist, dated 14 February 2013;
- A treatment record (dysentery) by the medical officer, Middle East, dated 9 April 2016;
- A treatment record (worsening right elbow) by the medical officer, Middle East, dated 22 April 2016;
- An ultrasound report and specialist consultation by the radiologist and sports physician, dated 5 August 2016.

Your service

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

14 January 2008 and 3 March 2022

Right Elbow - Lateral Epicondylitis

You have stated that your condition was caused by:

- *performing forceful activities with the hand or forearm on the affected side, in combination with: (a) repetitive activities with the hand or forearm on the affected side; or (b) 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: Lateral Epicondylitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by a treatment record and X-ray report by the medical officer, Afghanistan, dated 18 March 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: (a) repetitive activities with the hand or forearm on the affected side; or (b) 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 outer right elbow, worse with gripping, lifting, turning spanners and screwdrivers, and using a mouse, with tenderness over the bony point of the outer elbow and weakness of grip on 18 March 2012.

The diagnosis was made clinically by a medical officer on 18 March 2012 on the basis of pain over the right lateral epicondyle, local tenderness, pain on resisted wrist and middle finger extension and reduced grip strength, with a normal elbow radiograph. This meets the Statement of Principles definition of epicondylitis: a clinically symptomatic inflammatory or degenerative disorder of the tendons that attach to the lateral epicondyle of the elbow. Ultrasound on 15 October 2012 confirmed thickening, hypoechoic change and neovascularity of the common extensor tendon origin.

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

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 March 2012.

Right Elbow - Lateral Epicondylitis (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 14 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 October 2025;
- A pre-deployment medical examination by the medical officer, dated 2 December 2011;
- A treatment record and stool culture report by the medical officer, Afghanistan, dated 8 March 2012;
- A treatment record (reactive arthritis) by the medical officer, Afghanistan, dated 15 March 2012;
- A workshop log (urgent vehicle re-fit) by the technical workshop, Afghanistan, dated 16 March 2012;
- A treatment record and X-ray report by the medical officer, Afghanistan, dated 18 March 2012;
- An ultrasound report and physiotherapy assessment by the radiologist and physiotherapist, dated 15 October 2012;
- A specialist consultation and MRI sacroiliac joints by the rheumatologist, dated 14 February 2013;
- A treatment record (dysentery) by the medical officer, Middle East, dated 9 April 2016;
- A treatment record (worsening right elbow) by the medical officer, Middle East, dated 22 April 2016;
- An ultrasound report and specialist consultation by the radiologist and sports physician, dated 5 August 2016.

Your service

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

14 January 2008 and 3 March 2022

Right Elbow - Lateral Epicondylitis (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: (a) repetitive activities with the hand or forearm on the affected side; or (b) 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: Lateral Epicondylitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by a treatment record and X-ray report by the medical officer, Afghanistan, dated 18 March 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: (a) repetitive activities with the hand or forearm on the affected side; or (b) 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 outer right elbow, worse with gripping, lifting, turning spanners and screwdrivers, and using a mouse, with tenderness over the bony point of the outer elbow and weakness of grip on 18 March 2012.

The diagnosis was made clinically by a medical officer on 18 March 2012 on the basis of pain over the right lateral epicondyle, local tenderness, pain on resisted wrist and middle finger extension and reduced grip strength, with a normal elbow radiograph. This meets the Statement of Principles definition of epicondylitis: a clinically symptomatic inflammatory or degenerative disorder of the tendons that attach to the lateral epicondyle of the elbow. Ultrasound on 15 October 2012 confirmed thickening, hypoechoic change and neovascularity of the common extensor tendon origin.

After the condition arose, it was worsened during your service. On warlike service in the Middle East you performed forceful, repetitive and sustained tool work with your right hand for three to five hours a day on most days, maintaining vehicle electronics and antennas, throughout the 4 weeks before the worsening, from 25 March 2016 to 22 April 2016. From 22 October 2015 to 22 April 2016, including your warlike service in the Middle East from 10 January 2016, you used a hand-held mouse in your right hand for at least 20 hours a week on diagnostic software and maintenance records. On 20 April 2016, two days before the worsening, you spent five continuous hours on warlike service dismantling antenna masts for a site relocation, undoing seized fittings with large spanners and carrying 20 kg mast sections, more than doubling your usual forceful hand activity at an intensity above 5 METs. On warlike service in the Middle East you took ciprofloxacin 750 mg twice daily from 09 to 11 April 2016 for dysentery, within the 14 days before the worsening on 22 April 2016. Undifferentiated spondyloarthropathy, which evolved from the reactive arthritis that followed dysentery on warlike service in Afghanistan in 2012, was active at the worsening on 22 April 2016. On warlike service in Afghanistan in 2012 no physiotherapy was available and no relief technician could be provided, so you continued forceful tool work after diagnosis.

This has then led to further investigations and the diagnosis of your condition of *Lateral Epicondylitis (Worsening)*. I have accepted your condition of *Lateral Epicondylitis (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 April 2016.

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.