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 - Olecranon Bursitis

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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A rheumatology consultation by the rheumatologist, dated 3 October 2016;
- A rheumatology review by the rheumatologist, dated 14 August 2018;
- A pre-deployment medical examination by the medical officer, garrison health centre, dated 1 October 2018;
- A role 2 surgical record by the surgeon, dated 22 February 2019;
- A deployed health record and bursal fluid culture by Role 1 medical officer, dated 11 March 2019;
- A role 2 surgical record by the surgeon, dated 11 June 2019;
- A deployed health record by Role 1 medical officer, dated 24 June 2019;
- An ultrasound (operation report and culture) by the orthopaedic surgeon, coalition role 3 hospital, dated 27 June 2019;
- An orthopaedic review by the orthopaedic surgeon, dated 18 November 2019.

Your service

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

21 January 2004 and 15 December 2021

Right Elbow - Olecranon Bursitis

You have stated that your condition was caused by:

- *having a bacterial, fungal or algal infection involving the affected bursa at the time of the clinical onset of olecranon bursitis*
- *having trauma to the external elbow of the affected side in the 30 days before the clinical onset of olecranon bursitis*
- *having surgery to the external elbow of the affected side in the 30 days before the clinical onset of olecranon bursitis*
- *for septic olecranon bursitis only, being in an immunocompromised state as specified at the time of the clinical onset of olecranon bursitis*
- *having a disorder from the specified list of disorders at the time of the clinical onset of olecranon bursitis*
- *having psoriasis, localised sclerosis, atopic dermatitis or another inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected elbow, at the time of the clinical onset of olecranon bursitis*
- *being treated with a tyrosine kinase inhibitor within the 30 days before the clinical onset of olecranon bursitis*

Diagnosis: Olecranon Bursitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a role 2 surgical record by the surgeon, dated 11 June 2019.

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

Statement of Principles concerning Olecranon Bursitis (Reasonable Hypothesis) (No. 63 of 2018)

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

I am satisfied that you have met the following factor:

- *having a bacterial, fungal or algal infection involving the affected bursa at the time of the clinical onset of olecranon bursitis*
- *having trauma to the external elbow of the affected side in the 30 days before the clinical onset of olecranon bursitis*
- *having surgery to the external elbow of the affected side in the 30 days before the clinical onset of olecranon bursitis*
- *for septic olecranon bursitis only, being in an immunocompromised state as specified at the time of the clinical onset of olecranon bursitis*

- *having a disorder from the specified list of disorders at the time of the clinical onset of olecranon bursitis*
- *having psoriasis, localised sclerosis, atopic dermatitis or another inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected elbow, at the time of the clinical onset of olecranon bursitis*
- *being treated with a tyrosine kinase inhibitor within the 30 days before the clinical onset of olecranon bursitis*

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 a painful, red, hot swelling over the point of the right elbow with fever and pain on leaning on or knocking the elbow on 11 March 2019.

The diagnosis is based on a painful, red, hot, fluctuant swelling confined to the olecranon bursa with fever, recorded by the medical officer on 11 March 2019, and aspiration of turbid bursal fluid that grew Staphylococcus aureus on culture reported on 13 March 2019. This meets the Statement of Principles definition of olecranon bursitis as inflammation or infection of the bursa overlying the olecranon process of the ulna.

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

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 10 March 2019.

Right Elbow - Olecranon Bursitis (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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A rheumatology consultation by the rheumatologist, dated 3 October 2016;
- A rheumatology review by the rheumatologist, dated 14 August 2018;
- A pre-deployment medical examination by the medical officer, garrison health centre, dated 1 October 2018;
- A role 2 surgical record by the surgeon, dated 22 February 2019;
- A deployed health record and bursal fluid culture by Role 1 medical officer, dated 11 March 2019;
- A role 2 surgical record by the surgeon, dated 11 June 2019;
- A deployed health record by Role 1 medical officer, dated 24 June 2019;
- An ultrasound (operation report and culture) by the orthopaedic surgeon, coalition role 3 hospital, dated 27 June 2019;
- An orthopaedic review by the orthopaedic surgeon, dated 18 November 2019.

Your service

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

21 January 2004 and 15 December 2021

Right Elbow - Olecranon Bursitis (Worsening)

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

- *having a bacterial, fungal or algal infection involving the affected bursa at the time of the clinical worsening of olecranon bursitis*
- *having trauma to the external elbow of the affected side in the 30 days before the clinical worsening of olecranon bursitis*
- *having surgery to the external elbow of the affected side in the 30 days before the clinical worsening of olecranon bursitis*

- *for septic olecranon bursitis only, being in an immunocompromised state as specified at the time of the clinical worsening of olecranon bursitis*
- *having a disorder from the specified list of disorders at the time of the clinical worsening of olecranon bursitis*
- *having psoriasis, localised sclerosis, atopic dermatitis or another inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected elbow, at the time of the clinical worsening of olecranon bursitis*
- *being treated with a tyrosine kinase inhibitor within the 30 days before the clinical worsening of olecranon bursitis*
- *inability to obtain appropriate clinical management for olecranon bursitis*

Diagnosis: Olecranon Bursitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a role 2 surgical record by the surgeon, dated 11 June 2019.

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

Statement of Principles concerning Olecranon Bursitis (Reasonable Hypothesis) (No. 63 of 2018)

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

I am satisfied that you have met the following factor:

- *having a bacterial, fungal or algal infection involving the affected bursa at the time of the clinical worsening of olecranon bursitis*
- *having trauma to the external elbow of the affected side in the 30 days before the clinical worsening of olecranon bursitis*
- *having surgery to the external elbow of the affected side in the 30 days before the clinical worsening of olecranon bursitis*
- *for septic olecranon bursitis only, being in an immunocompromised state as specified at the time of the clinical worsening of olecranon bursitis*
- *having a disorder from the specified list of disorders at the time of the clinical worsening of olecranon bursitis*
- *having psoriasis, localised sclerosis, atopic dermatitis or another inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected elbow, at the time of the clinical worsening of olecranon bursitis*
- *being treated with a tyrosine kinase inhibitor within the 30 days before the clinical worsening of olecranon bursitis*
- *inability to obtain appropriate clinical management for olecranon bursitis*

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 a painful, red, hot swelling over the point of the right elbow with fever and pain on leaning on or knocking the elbow on 11 March 2019.

The diagnosis is based on a painful, red, hot, fluctuant swelling confined to the olecranon bursa with fever, recorded by the medical officer on 11 March 2019, and aspiration of turbid bursal fluid that grew Staphylococcus aureus on culture reported on 13 March 2019. This meets the Statement of Principles definition of olecranon bursitis as inflammation or infection of the bursa overlying the olecranon process of the ulna.

After the condition arose, it was worsened during your service. On warlike service in Iraq the bursa contained an infected abscess at the worsening on 24 June 2019, with Staphylococcus aureus grown at bursectomy. From 25 May to 24 June 2019 on warlike service you continued prone instruction with knocking and rubbing of the elbow, and the bursa was needle-aspirated on 4 June 2019. A skin abscess over the bursa was surgically incised and drained by the role 2 surgeon on warlike service on 11 June 2019, within the 30 days before the worsening. You remained on tofacitinib, an immunosuppressive drug, at the worsening of the septic bursitis on warlike service on 24 June 2019. Gout was present at the worsening on warlike service on 24 June 2019. Flared psoriatic plaques over the right elbow were present at the worsening on warlike service on 24 June 2019. You took tofacitinib daily from 25 May to 24 June 2019 while on warlike service in Iraq. On warlike service in Iraq you could not be relieved of prone instruction after the diagnosis, and evacuation for surgery was delayed for three days after 24 June 2019 because no aircraft was available, so the infected bursa progressed to an abscess with cellulitis.

This has then led to further investigations and the diagnosis of your condition of *Olecranon Bursitis (Worsening)*. I have accepted your condition of *Olecranon Bursitis (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 24 June 2019.

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