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 - Radial Collateral Ligament Injury with Ossification

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 3 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- A pre-deployment medical examination by the medical officer, garrison health centre, dated 21 January 2008;
- A casualty record by the gun position medic, dated 14 July 2008;
- A role 2 health record and X-ray right elbow by the medical officer, dated 15 July 2008;
- An MRI right elbow and orthopaedic consultation by the orthopaedic surgeon, dated 9 December 2008;
- A deployed health record by the medical officer, dated 19 August 2012;
- An MRI right elbow by the radiologist, dated 5 January 2013;
- A CT right elbow and orthopaedic review by the orthopaedic surgeon, dated 22 January 2013;
- An operation report by the orthopaedic surgeon, dated 14 August 2014.

Your service

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

6 February 2003 and 11 November 2016

Right Elbow - Radial Collateral Ligament Injury with Ossification

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Radial Collateral Ligament Injury with Ossification

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by an MRI right elbow and orthopaedic consultation by the orthopaedic surgeon, dated 9 December 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 Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

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 immediate pain and swelling over the outer side of the right elbow, pain on gripping and lifting, and pain when the elbow was stressed inwards on 14 July 2008.

The diagnosis is based on a fall onto the outstretched arm with a varus force on 14 July 2008, followed immediately by lateral elbow pain, swelling, tenderness along the radial collateral ligament and common extensor origin, pain and laxity on varus stress, and pain on resisted wrist extension, recorded by the medic and the role 2 medical officer. X-ray excluded a fracture. This meets the Statement of Principles definitions of sprain, as a tearing or stretching of a joint ligament with pain and tenderness within 24 hours, and of strain of the common extensor tendon.

This has then led to further investigations and the diagnosis of your condition of *Radial Collateral Ligament Injury with Ossification*. I have accepted your condition of *Radial Collateral Ligament Injury with Ossification*.

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 14 July 2008.

Right Elbow - Radial Collateral Ligament Injury with Ossification (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 3 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 September 2025;
- A pre-deployment medical examination by the medical officer, garrison health centre, dated 21 January 2008;
- A casualty record by the gun position medic, dated 14 July 2008;
- A role 2 health record and X-ray right elbow by the medical officer, dated 15 July 2008;
- An MRI right elbow and orthopaedic consultation by the orthopaedic surgeon, dated 9 December 2008;
- A deployed health record by the medical officer, dated 19 August 2012;
- An MRI right elbow by the radiologist, dated 5 January 2013;
- A CT right elbow and orthopaedic review by the orthopaedic surgeon, dated 22 January 2013;
- An operation report by the orthopaedic surgeon, dated 14 August 2014.

Your service

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

6 February 2003 and 11 November 2016

Right Elbow - Radial Collateral Ligament Injury with Ossification (Worsening)

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

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*

- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Radial Collateral Ligament Injury with Ossification (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 September 2025, and is supported by an MRI right elbow and orthopaedic consultation by the orthopaedic surgeon, dated 9 December 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 Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

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 immediate pain and swelling over the outer side of the right elbow, pain on gripping and lifting, and pain when the elbow was stressed inwards on 14 July 2008.

The diagnosis is based on a fall onto the outstretched arm with a varus force on 14 July 2008, followed immediately by lateral elbow pain, swelling, tenderness along the radial collateral ligament and common extensor origin, pain and laxity on varus stress, and pain on resisted wrist extension, recorded by the medic and the role 2 medical officer. X-ray excluded a fracture. This meets the Statement of Principles definitions of sprain, as a tearing or stretching of a joint ligament with pain and tenderness within 24 hours, and of strain of the common extensor tendon.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan on 19 August 2012, catching a falling 43-kilogram projectile while unloading ammunition drove a varus force through the right elbow, with increased laxity recorded the same day and a high-grade tear with ossification on later MRI and CT. In the same incident on warlike service you gripped and held the projectile with maximal force, using the wrist extensors at high intensity, and the common extensor origin tear enlarged on MRI in January 2013. On warlike service in Afghanistan in 2008 and again in 2012 the brace, rest and MRI recommended by the deployed medical officers could not be obtained, and you continued gun and ammunition duties on the injured elbow, which allowed the ligament injury to progress and ossify.

This has then led to further investigations and the diagnosis of your condition of *Radial Collateral Ligament Injury with Ossification (Worsening)*. I have accepted your condition of *Radial Collateral Ligament Injury with Ossification (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 19 August 2012.

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