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 - Subluxation

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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A trauma admission and operation report by Role 3 hospital, Iraq, dated 2 May 2006;
- An operation report (left total hip replacement) by the orthopaedic surgeon, dated 14 August 2007;
- An operation report (right total knee replacement) by the orthopaedic surgeon, dated 20 March 2008;
- A radiographs lumbar spine by the radiologist, dated 20 March 2008;
- An orthopaedic review and radiographs right elbow by the orthopaedic surgeon, dated 11 February 2009;
- A pre-deployment medical by the medical officer, dated 22 July 2009;
- A field medical record by the base medical officer, Middle East Area of Operations, dated 16 September 2009;
- A radiographs (anaesthetic record and operation note) by Role 3 hospital, dated 17 September 2009;
- A CT and MRI right elbow by the radiologist, dated 2 October 2009;
- An operation report (lateral ulnar collateral ligament reconstruction) by the orthopaedic surgeon, dated 12 October 2009.

Your service

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

15 January 1992 and 30 June 2011

Right Elbow - Subluxation

You have stated that your condition was caused by:

- *having physical trauma to the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having damage to a soft tissue structure as specified at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a fracture, avulsion or bony abnormality involving the articulating surfaces of the affected joint, at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *being pregnant within the six weeks before the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a temporomandibular joint or subluxation of a temporomandibular joint only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a patellofemoral joint only, being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a tibiofemoral joint or subluxation of a tibiofemoral joint only, being severely obese at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a total hip joint prosthesis only: being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total hip joint prosthesis only: having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total knee joint prosthesis only, having morbid obesity at the time of the clinical onset of dislocation of a joint*

Diagnosis: Subluxation

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a radiographs (anaesthetic record and operation note) by Role 3 hospital, dated 17 September 2009.

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

Statement of Principles concerning Dislocation of a Joint and Subluxation of a Joint (Reasonable Hypothesis) (No. 55 of 2019)

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

I am satisfied that you have met the following factor:

- *having physical trauma to the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having damage to a soft tissue structure as specified at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a fracture, avulsion or bony abnormality involving the articulating surfaces of the affected joint, at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *being pregnant within the six weeks before the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a temporomandibular joint or subluxation of a temporomandibular joint only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a patellofemoral joint only, being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a tibiofemoral joint or subluxation of a tibiofemoral joint only, being severely obese at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a total hip joint prosthesis only: being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total hip joint prosthesis only: having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total knee joint prosthesis only, having morbid obesity at the time of the clinical onset of dislocation of a joint*

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 sudden severe pain, visible deformity and inability to move the right elbow, with swelling over the lateral elbow and pain on any attempt to rotate the forearm on 16 September 2009.

The diagnosis was confirmed on radiographs at a role 3 hospital on 17 September 2009, which showed posterolateral subluxation of the right elbow with partial loss of contact between the articulating surfaces of the radial head and capitellum and of the ulnohumeral joint, without complete loss of contact. This meets the Statement of Principles definition of subluxation of a joint. You had a clear traumatic mechanism, immediate deformity, a fixed flexed posture and pain on forearm rotation.

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

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 16 September 2009.

Right Elbow - Subluxation (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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A trauma admission and operation report by Role 3 hospital, Iraq, dated 2 May 2006;
- An operation report (left total hip replacement) by the orthopaedic surgeon, dated 14 August 2007;
- An operation report (right total knee replacement) by the orthopaedic surgeon, dated 20 March 2008;
- A radiographs lumbar spine by the radiologist, dated 20 March 2008;
- An orthopaedic review and radiographs right elbow by the orthopaedic surgeon, dated 11 February 2009;
- A pre-deployment medical by the medical officer, dated 22 July 2009;
- A field medical record by the base medical officer, Middle East Area of Operations, dated 16 September 2009;
- A radiographs (anaesthetic record and operation note) by Role 3 hospital, dated 17 September 2009;
- A CT and MRI right elbow by the radiologist, dated 2 October 2009;
- An operation report (lateral ulnar collateral ligament reconstruction) by the orthopaedic surgeon, dated 12 October 2009.

Your service

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

15 January 1992 and 30 June 2011

Right Elbow - Subluxation (Worsening)

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

- *inability to obtain appropriate clinical management for dislocation of a joint or subluxation of a joint*

Diagnosis: Subluxation (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a radiographs (anaesthetic record and operation note) by Role 3 hospital, dated 17 September 2009.

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

Statement of Principles concerning Dislocation of a Joint and Subluxation of a Joint (Balance of Probabilities) (No. 56 of 2019)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for dislocation of a joint or subluxation of a joint*

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 sudden severe pain, visible deformity and inability to move the right elbow, with swelling over the lateral elbow and pain on any attempt to rotate the forearm on 16 September 2009.

The diagnosis was confirmed on radiographs at a role 3 hospital on 17 September 2009, which showed posterolateral subluxation of the right elbow with partial loss of contact between the articulating surfaces of the radial head and capitellum and of the ulnohumeral joint, without complete loss of contact. This meets the Statement of Principles definition of subluxation of a joint. You had a clear traumatic mechanism, immediate deformity, a fixed flexed posture and pain on forearm rotation.

After the condition arose, it was worsened during your service. No radiography or orthopaedic capability was available at the base and the elbow remained subluxated for 26 hours until aeromedical transfer and reduction on 17 September 2009.

This has then led to further investigations and the diagnosis of your condition of *Subluxation (Worsening)*. I have accepted your condition of *Subluxation (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 2 October 2009.

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.