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 - Triceps 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 26 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- An outpatient health record by the medical officer, garrison health centre, dated 16 September 2008;
- A procedure record by the medical officer, garrison health centre, dated 15 January 2010;
- A pre-deployment medical examination by the medical officer, dated 22 January 2010;
- A deployed health record by the medical officer, dated 12 April 2010;
- A deployed health record by the medical officer, dated 27 June 2010;
- An ultrasound right elbow by the radiologist, coalition role 3 hospital, dated 15 July 2010;
- A deployed health record by the medical officer, dated 10 December 2015;
- A deployed health record by the medical officer, dated 14 March 2016;
- An MRI right elbow and orthopaedic consultation by the orthopaedic surgeon, dated 19 July 2016;
- An operation report by the orthopaedic surgeon, dated 8 November 2016.

Your service

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

3 February 2002 and 19 August 2020

Right Elbow - Triceps Tendinopathy

You have stated that your condition was caused by:

- *performing forceful and repetitive elbow extension activities with the affected arm, such as push-ups, dips, bench pressing or overhead pressing, for at least 1 hour per day, on more days than not, for at least the 3 months before the clinical onset of triceps tendinopathy*
- *suddenly increasing the frequency, duration or intensity of forceful elbow extension activities with the affected arm by at least 100 per cent within the 7 days before the clinical onset of triceps tendinopathy*
- *having direct trauma to the posterior elbow of the affected side within the 30 days before the clinical onset of triceps tendinopathy*
- *taking a fluoroquinolone antibiotic within the 30 days before the clinical onset of triceps tendinopathy*
- *having an injection of a corticosteroid into or adjacent to the affected tendon within the 6 months before the clinical onset of triceps tendinopathy*
- *taking an oral corticosteroid at a dose of at least 20 milligrams of prednisolone per day, or an equivalent, for at least 7 days within the 6 months before the clinical onset of triceps tendinopathy*
- *having a strain or partial tear of the affected tendon before the clinical onset of triceps tendinopathy*
- *taking a statin for at least the 3 months before the clinical onset of triceps tendinopathy*

Diagnosis: Triceps Tendinopathy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by an ultrasound right elbow by the radiologist, coalition role 3 hospital, dated 15 July 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *performing forceful and repetitive elbow extension activities with the affected arm, such as push-ups, dips, bench pressing or overhead pressing, for at least 1 hour per day, on more days than not, for at least the 3 months before the clinical onset of triceps tendinopathy*
- *suddenly increasing the frequency, duration or intensity of forceful elbow extension activities with the affected arm by at least 100 per cent within the 7 days before the clinical onset of triceps tendinopathy*

- *having direct trauma to the posterior elbow of the affected side within the 30 days before the clinical onset of triceps tendinopathy*
- *taking a fluoroquinolone antibiotic within the 30 days before the clinical onset of triceps tendinopathy*
- *having an injection of a corticosteroid into or adjacent to the affected tendon within the 6 months before the clinical onset of triceps tendinopathy*
- *taking an oral corticosteroid at a dose of at least 20 milligrams of prednisolone per day, or an equivalent, for at least 7 days within the 6 months before the clinical onset of triceps tendinopathy*
- *having a strain or partial tear of the affected tendon before the clinical onset of triceps tendinopathy*
- *taking a statin for at least the 3 months before the clinical onset of triceps tendinopathy*

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 aching pain at the back of the right elbow, worse with push-ups, dips, pressing and straightening the elbow against resistance, and tenderness over the point of the elbow on 27 June 2010.

The diagnosis is based on the history of posterior elbow pain aggravated by push-ups, dips and pressing, with tenderness at the triceps insertion and pain on resisted elbow extension, recorded by the medical officer on 27 June 2010. Ultrasound on 15 July 2010 confirmed thickening, hypoechoic change and neovascularity of the distal triceps tendon with an enthesophyte, the typical appearance of insertional tendinopathy.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 26 June 2010.

Right Elbow - Triceps 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 26 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- An outpatient health record by the medical officer, garrison health centre, dated 16 September 2008;
- A procedure record by the medical officer, garrison health centre, dated 15 January 2010;
- A pre-deployment medical examination by the medical officer, dated 22 January 2010;
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- A deployed health record by the medical officer, dated 14 March 2016;
- An MRI right elbow and orthopaedic consultation by the orthopaedic surgeon, dated 19 July 2016;
- An operation report by the orthopaedic surgeon, dated 8 November 2016.

Your service

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

3 February 2002 and 19 August 2020

Right Elbow - Triceps Tendinopathy (Worsening)

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

- *performing forceful and repetitive elbow extension activities with the affected arm for at least 1 hour per day, on more days than not, for at least the 4 weeks before the clinical worsening of triceps tendinopathy*
- *having an injection of a corticosteroid into or adjacent to the affected tendon within the 6 months before the clinical worsening of triceps tendinopathy*

- *taking a fluoroquinolone antibiotic within the 30 days before the clinical worsening of triceps tendinopathy*
- *inability to obtain appropriate clinical management for triceps tendinopathy*

Diagnosis: Triceps Tendinopathy (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by an ultrasound right elbow by the radiologist, coalition role 3 hospital, dated 15 July 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *performing forceful and repetitive elbow extension activities with the affected arm for at least 1 hour per day, on more days than not, for at least the 4 weeks before the clinical worsening of triceps tendinopathy*
- *having an injection of a corticosteroid into or adjacent to the affected tendon within the 6 months before the clinical worsening of triceps tendinopathy*
- *taking a fluoroquinolone antibiotic within the 30 days before the clinical worsening of triceps tendinopathy*
- *inability to obtain appropriate clinical management for triceps tendinopathy*

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 aching pain at the back of the right elbow, worse with push-ups, dips, pressing and straightening the elbow against resistance, and tenderness over the point of the elbow on 27 June 2010.

The diagnosis is based on the history of posterior elbow pain aggravated by push-ups, dips and pressing, with tenderness at the triceps insertion and pain on resisted elbow extension, recorded by the medical officer on 27 June 2010. Ultrasound on 15 July 2010 confirmed thickening, hypoechoic change and neovascularity of the distal triceps tendon with an enthesophyte, the typical appearance of insertional tendinopathy.

After the condition arose, it was worsened during your service. From 15 February 2016 to 14 March 2016, on warlike service in Iraq, you led and demonstrated push-up, dip and pressing training for the task group and its partner force for six to eight hours a day on six days a week. On 10 December 2015 the deployed medical officer in Iraq injected 40 mg of triamcinolone

around the right triceps insertion, 3 months before the worsening, and MRI later showed a partial tear at that site. Moxifloxacin 400 mg daily was prescribed from 18 to 24 February 2016 for pneumonia contracted on warlike service in Iraq, within the 30 days before the worsening on 14 March 2016. In Afghanistan in 2010 rest from pressing could not be arranged because there was no other instructor, and in Iraq in 2016 no imaging or evacuation was available after the worsening, so you continued instructing on a partially torn tendon until 30 June 2016.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 14 March 2016.

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