# 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 Knee - Anterior Cruciate Ligament Sprain

### 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 by the medical officer, dated 14 March 2006;
- A field clinic record by the medical officer, East Timor, dated 21 September 2006;
- A radiographs right knee (field hospital) by the east timor, dated 22 September 2006;
- An MRI right knee by the radiologist, dated 20 December 2006;
- An orthopaedic consultation by the orthopaedic surgeon, dated 20 December 2006;
- A physiotherapy assessment by the physiotherapist, dated 16 November 2011;
- A role 2 medical record by the medical officer, Afghanistan, dated 8 July 2012;
- An MRI right knee by the radiologist, dated 30 July 2012;
- An operation report (anterior cruciate ligament reconstruction) by the orthopaedic surgeon, dated 18 October 2012.

### Your service

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

8 July 2002 and 19 March 2015

### Right Knee - Anterior Cruciate Ligament Sprain

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:** Anterior Cruciate Ligament Sprain

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by an MRI right knee by the radiologist, dated 20 December 2006.

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 a sudden pop and severe pain in the right knee, swelling within two hours, inability to fully straighten the knee and a feeling that the knee was unstable, together with pain and tenderness in the back of the right thigh on 21 September 2006.

The diagnosis was made clinically on 21 September 2006 and confirmed by MRI on 20 December 2006. You had a typical pivoting landing mechanism, a pop, a haemarthrosis within two hours and a positive Lachman test with a soft endpoint, with no fracture on radiographs. MRI showed a high-grade partial tear of the anterior cruciate ligament. The onset of pain and tenderness within 24 hours of a tearing injury to a joint ligament meets the Statement of Principles definition of sprain.

This has then led to further investigations and the diagnosis of your condition of *Anterior Cruciate Ligament Sprain*. I have accepted your condition of *Anterior Cruciate Ligament Sprain*.

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 21 September 2006.

# Right Knee - Anterior Cruciate Ligament Sprain (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 by the medical officer, dated 14 March 2006;
- A field clinic record by the medical officer, East Timor, dated 21 September 2006;
- A radiographs right knee (field hospital) by the east timor, dated 22 September 2006;
- An MRI right knee by the radiologist, dated 20 December 2006;
- An orthopaedic consultation by the orthopaedic surgeon, dated 20 December 2006;
- A physiotherapy assessment by the physiotherapist, dated 16 November 2011;
- A role 2 medical record by the medical officer, Afghanistan, dated 8 July 2012;
- An MRI right knee by the radiologist, dated 30 July 2012;
- An operation report (anterior cruciate ligament reconstruction) by the orthopaedic surgeon, dated 18 October 2012.

## Your service

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

8 July 2002 and 19 March 2015

## Right Knee - Anterior Cruciate Ligament Sprain (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:** Anterior Cruciate Ligament Sprain (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by an MRI right knee by the radiologist, dated 20 December 2006.

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 a sudden pop and severe pain in the right knee, swelling within two hours, inability to fully straighten the knee and a feeling that the knee was unstable, together with pain and tenderness in the back of the right thigh on 21 September 2006.

The diagnosis was made clinically on 21 September 2006 and confirmed by MRI on 20 December 2006. You had a typical pivoting landing mechanism, a pop, a haemarthrosis within two hours and a positive Lachman test with a soft endpoint, with no fracture on radiographs. MRI showed a high-grade partial tear of the anterior cruciate ligament. The onset of pain and tenderness within 24 hours of a tearing injury to a joint ligament meets the Statement of Principles definition of sprain.

After the condition arose, it was worsened during your service. The pivoting fall into an irrigation ditch under a 40 kg load occurred on a night security patrol on warlike service in Afghanistan on 8 July 2012, and converted the partial tear into a complete rupture of the anterior cruciate ligament, confirmed on MRI on 30 July 2012. The forceful hamstring contraction while climbing out of the ditch under load on warlike service in Afghanistan on 8 July 2012 re-tore the semimembranosus musculotendinous junction, shown on MRI on 30 July 2012. On non-warlike service in East Timor in 2006 no MRI, physiotherapy or orthopaedic care was available and you were returned to loaded patrols after one week, and on warlike service in Afghanistan in 2012 you waited 18 days for aeromedical return before MRI.

This has then led to further investigations and the diagnosis of your condition of *Anterior Cruciate Ligament Sprain (Worsening)*. I have accepted your condition of *Anterior Cruciate*

*Ligament Sprain (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 8 July 2012.

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