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 - Chondromalacia Patella

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;
- An outpatient health record by the medical officer, base health centre, dated 6 September 2010;
- An MRI right knee by the radiologist, dated 14 September 2010;
- A pre-deployment medical examination and physiotherapy assessment by the medical officer and physiotherapist, dated 15 December 2010;
- An emergency record and X-ray right knee by Role 3 hospital, Afghanistan, dated 4 February 2011;
- A routine health check by the medical officer, deployed base health facility, dated 15 April 2011;
- An outpatient health record by the medical officer, deployed base health facility, dated 2 May 2011;
- An MRI right knee by the radiologist, dated 19 September 2011;
- A specialist consultation by the orthopaedic surgeon, dated 3 October 2011;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 2 June 2017;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 10 August 2017;
- An MRI right knee by the radiologist, dated 30 October 2017;
- An operation report (arthroscopic chondroplasty) by the orthopaedic surgeon, dated 14 March 2018.

Your service

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

13 July 2009 and 4 March 2020

Right Knee - Chondromalacia Patella

You have stated that your condition was caused by:

- *having direct trauma to the patella of the affected knee within the three months before the clinical onset of chondromalacia patella*
- *having patellar dislocation of the affected knee within the three months before the clinical onset of chondromalacia patella*
- *having an injury to the affected knee resulting in acute meniscal or ligamentous tear of the knee or permanent ligamentous instability, within the six months before the clinical onset of chondromalacia patella*
- *having acquired abnormal tracking of the patella of the affected knee for at least the three months before the clinical onset of chondromalacia patella*
- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical onset of chondromalacia patella*
- *undertaking weight bearing exercise involving forceful loading of the affected patellofemoral joint, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical onset of chondromalacia patella*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical onset of chondromalacia patella*
- *being obese at the time of the clinical onset of chondromalacia patella*

Diagnosis: Chondromalacia Patella

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an MRI right knee by the radiologist, dated 19 September 2011.

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

Statement of Principles concerning Chondromalacia Patella (Reasonable Hypothesis) (No. 1 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 direct trauma to the patella of the affected knee within the three months before the clinical onset of chondromalacia patella*
- *having patellar dislocation of the affected knee within the three months before the clinical onset of chondromalacia patella*
- *having an injury to the affected knee resulting in acute meniscal or ligamentous tear of the knee or permanent ligamentous instability, within the six months before the clinical onset of chondromalacia patella*
- *having acquired abnormal tracking of the patella of the affected knee for at least the three months before the clinical onset of chondromalacia patella*
- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical onset of chondromalacia patella*
- *undertaking weight bearing exercise involving forceful loading of the affected patellofemoral joint, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical onset of chondromalacia patella*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical onset of chondromalacia patella*
- *being obese at the time of the clinical onset of chondromalacia patella*

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 behind the right kneecap on descending steps, squatting and kneeling, pain after prolonged sitting with the knee bent, a grinding sensation under the kneecap and a feeling of the knee being unstable when pivoting on 2 May 2011.

The diagnosis was confirmed by MRI of the right knee on 19 September 2011, which showed grade 2 to 3 softening and fissuring of the articular cartilage of the medial patellar facet with lateral patellar tilt, and by an orthopaedic surgeon on 3 October 2011. This meets the Statement of Principles definition of chondromalacia patella as softening and degeneration of the articular cartilage of the patella. Arthroscopy on 14 March 2018 directly visualised the lesion.

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

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 28 April 2011.

Right Knee - Chondromalacia Patella (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;
- An outpatient health record by the medical officer, base health centre, dated 6 September 2010;
- An MRI right knee by the radiologist, dated 14 September 2010;
- A pre-deployment medical examination and physiotherapy assessment by the medical officer and physiotherapist, dated 15 December 2010;
- An emergency record and X-ray right knee by Role 3 hospital, Afghanistan, dated 4 February 2011;
- A routine health check by the medical officer, deployed base health facility, dated 15 April 2011;
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- An MRI right knee by the radiologist, dated 19 September 2011;
- A specialist consultation by the orthopaedic surgeon, dated 3 October 2011;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 2 June 2017;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 10 August 2017;
- An MRI right knee by the radiologist, dated 30 October 2017;
- An operation report (arthroscopic chondroplasty) by the orthopaedic surgeon, dated 14 March 2018.

Your service

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

13 July 2009 and 4 March 2020

Right Knee - Chondromalacia Patella (Worsening)

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

- *having direct trauma to the patella of the affected knee within the three months before the clinical worsening of chondromalacia patella*
- *having patellar dislocation of the affected knee within the three months before the clinical worsening of chondromalacia patella*
- *having an injury to the affected knee resulting in acute meniscal or ligamentous tear of the knee or permanent ligamentous instability, within the six months before the clinical worsening of chondromalacia patella*
- *having acquired abnormal tracking of the patella of the affected knee for at least the three months before the clinical worsening of chondromalacia patella*
- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical worsening of chondromalacia patella*
- *undertaking weight bearing exercise involving forceful loading of the affected patellofemoral joint, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical worsening of chondromalacia patella*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical worsening of chondromalacia patella*
- *being obese at the time of the clinical worsening of chondromalacia patella*
- *inability to obtain appropriate clinical management for chondromalacia patella*

Diagnosis: Chondromalacia Patella (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an MRI right knee by the radiologist, dated 19 September 2011.

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

Statement of Principles concerning Chondromalacia Patella (Reasonable Hypothesis) (No. 1 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 direct trauma to the patella of the affected knee within the three months before the clinical worsening of chondromalacia patella*

- *having patellar dislocation of the affected knee within the three months before the clinical worsening of chondromalacia patella*
- *having an injury to the affected knee resulting in acute meniscal or ligamentous tear of the knee or permanent ligamentous instability, within the six months before the clinical worsening of chondromalacia patella*
- *having acquired abnormal tracking of the patella of the affected knee for at least the three months before the clinical worsening of chondromalacia patella*
- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical worsening of chondromalacia patella*
- *undertaking weight bearing exercise involving forceful loading of the affected patellofemoral joint, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical worsening of chondromalacia patella*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical worsening of chondromalacia patella*
- *being obese at the time of the clinical worsening of chondromalacia patella*
- *inability to obtain appropriate clinical management for chondromalacia patella*

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 behind the right kneecap on descending steps, squatting and kneeling, pain after prolonged sitting with the knee bent, a grinding sensation under the kneecap and a feeling of the knee being unstable when pivoting on 2 May 2011.

The diagnosis was confirmed by MRI of the right knee on 19 September 2011, which showed grade 2 to 3 softening and fissuring of the articular cartilage of the medial patellar facet with lateral patellar tilt, and by an orthopaedic surgeon on 3 October 2011. This meets the Statement of Principles definition of chondromalacia patella as softening and degeneration of the articular cartilage of the patella. Arthroscopy on 14 March 2018 directly visualised the lesion.

After the condition arose, it was worsened during your service. On 2 June 2017, on warlike service in the Middle East Area of Operations, you fell from a vehicle tailgate during a force protection drill and landed directly on your right kneecap on concrete, within the three months before the worsening on 10 August 2017. The right patella dislocated in the fall on warlike service on 2 June 2017, within the three months before the worsening on 10 August 2017. The redislocation on warlike service on 2 June 2017 re-tore the medial patellofemoral ligament, confirmed as a chronic tear on MRI on 30 October 2017, within the six months before the worsening. The acquired lateral maltracking of the right patella persisted throughout the three months before the worsening, from 10 May 2017 to 10 August 2017, while you were on warlike service in the Middle East, and was shown again on MRI on 30 October 2017. On warlike service in the Middle East you ran an average of 62 kilometres a week throughout the four weeks

before the worsening, from 13 July 2017 to 10 August 2017. On warlike service in the Middle East you carried out loaded security patrols totalling more than six hours a week, at an intensity of at least five METs, throughout the four weeks before the worsening, from 13 July 2017 to 10 August 2017. Under the heightened force protection posture on warlike service in the Middle East, your daily loaded patrolling rose from about two hours to about five hours a day from 3 August 2017 to 10 August 2017, an increase of more than 100 per cent for at least two hours a day, throughout the seven days before the worsening. You weighed 103 kg at a height of 1.79 m, a BMI of 32.1, when the worsening was documented on 10 August 2017 on warlike service in the Middle East. On warlike service in Afghanistan in 2011 and in the Middle East in 2017 you had no access to MRI, orthopaedic assessment or supervised rehabilitation, and was kept on full patrol duties with strapping and anti-inflammatory medication only.

This has then led to further investigations and the diagnosis of your condition of *Chondromalacia Patella (Worsening)*. I have accepted your condition of *Chondromalacia Patella (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 10 August 2017.

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