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 - Lateral Femoral Condyle - Osteoarthritis

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 22 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 July 2025;
- An emergency record by the x-ray and CT right knee, Military hospital, dated 14 July 1986;
- An operation report (open reduction and internal fixation) by the orthopaedic surgeon, dated 16 July 1986;
- An operation report (arthroscopy right knee) by the orthopaedic surgeon, dated 9 October 1990;
- A field hospital record (septic arthritis) by the somalia, dated 26 March 1993;
- An MRI right knee and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 12 June 1995;
- A rheumatology consultation by the rheumatologist, dated 15 March 2000;
- A hip MRI arthrogram and consultation by the orthopaedic surgeon, dated 9 August 2000;
- An endocrinology consultation by the endocrinologist, dated 18 September 2003;
- A bone densitometry and endocrinology consultation by the endocrinologist, dated 11 August 2004;
- An MRI right knee by the radiologist, dated 17 June 2005;
- A deployed health record by the medical officer, Afghanistan, dated 14 January 2006;
- An X-ray right knee by the radiologist, dated 12 April 2006;
- An outpatient health record and X-ray by the medical officer, garrison health centre, dated 21 May 2007;
- An MRI right knee by the radiologist, dated 4 June 2007;
- A specialist consultation by the orthopaedic surgeon, dated 18 June 2007;

- A bone densitometry by the endocrinologist, dated 3 February 2009;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 22 July 2010;
- A standing X-rays right knee and orthopaedic review by the orthopaedic surgeon, dated 15 November 2010;
- An operation report (total knee replacement) by the orthopaedic surgeon, dated 12 March 2012.

Your service

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

21 January 1980 and 18 November 2012

Right Knee - Lateral Femoral Condyle - Osteoarthritis

You have stated that your condition was caused by:

- *having inflammatory joint disease as specified, of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical onset of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical onset of osteoarthritis in that joint*
- *having trauma to the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least five years before the clinical onset of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical onset of osteoarthritis in that joint*

- *for osteoarthritis of a joint of the upper limb only, performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least five years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least five years, within the 25 years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having increased bone mineral density before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only: (a) kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least two years before the clinical onset of osteoarthritis in that joint; and (b) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical onset of osteoarthritis in that joint*

- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having acromegaly before the clinical onset of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical onset of osteoarthritis in that joint*

Diagnosis: Lateral Femoral Condyle - Osteoarthritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 July 2025, and is supported by an MRI right knee by the radiologist, dated 4 June 2007.

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

Statement of Principles concerning Osteoarthritis (Balance of Probabilities) (No. 62 of 2017)

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

I am satisfied that you have met the following factor:

- *having inflammatory joint disease as specified, of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical onset of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical onset of osteoarthritis in that joint*
- *having trauma to the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical onset of osteoarthritis in that joint*

- *having disordered joint mechanics of the affected joint for at least five years before the clinical onset of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only, performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least five years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least five years, within the 25 years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having increased bone mineral density before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only: (a) kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least two years before the clinical onset of osteoarthritis in that joint; and (b) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*

- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical onset of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having acromegaly before the clinical onset of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical onset of osteoarthritis in that 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 aching pain on the outer side of the right knee on standing and walking, particularly on steel decks and ramps, morning stiffness, swelling at the end of the day and grinding on movement.After the 2010 worsening you had night pain, recurrent swelling, reduced flexion and could walk only about 500 metres on 21 May 2007.

The diagnosis was confirmed by X-ray on 21 May 2007, which showed narrowing of the lateral tibiofemoral joint space with osteophytes on the lateral femoral condyle, and by MRI on 4 June 2007, which showed full-thickness cartilage loss over the lateral femoral condyle with subchondral sclerosis and marginal osteophytes. An orthopaedic surgeon diagnosed osteoarthritis of the lateral compartment on 18 June 2007. This meets the Statement of Principles definition of osteoarthritis as a degenerative joint disease with loss of articular cartilage and changes in the subchondral bone.

This has then led to further investigations and the diagnosis of your condition of *Lateral Femoral Condyle - Osteoarthritis*. I have accepted your condition of *Lateral Femoral Condyle - Osteoarthritis*.

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 14 May 2007.

Right Knee - Lateral Femoral Condyle - Osteoarthritis (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 22 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 July 2025;
- An emergency record by the x-ray and CT right knee, Military hospital, dated 14 July 1986;
- An operation report (open reduction and internal fixation) by the orthopaedic surgeon, dated 16 July 1986;
- An operation report (arthroscopy right knee) by the orthopaedic surgeon, dated 9 October 1990;
- A field hospital record (septic arthritis) by the somalia, dated 26 March 1993;
- An MRI right knee and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 12 June 1995;
- A rheumatology consultation by the rheumatologist, dated 15 March 2000;
- A hip MRI arthrogram and consultation by the orthopaedic surgeon, dated 9 August 2000;
- An endocrinology consultation by the endocrinologist, dated 18 September 2003;
- A bone densitometry and endocrinology consultation by the endocrinologist, dated 11 August 2004;
- An MRI right knee by the radiologist, dated 17 June 2005;
- A deployed health record by the medical officer, Afghanistan, dated 14 January 2006;
- An X-ray right knee by the radiologist, dated 12 April 2006;
- An outpatient health record and X-ray by the medical officer, garrison health centre, dated 21 May 2007;
- An MRI right knee by the radiologist, dated 4 June 2007;
- A specialist consultation by the orthopaedic surgeon, dated 18 June 2007;
- A bone densitometry by the endocrinologist, dated 3 February 2009;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 22 July 2010;
- A standing X-rays right knee and orthopaedic review by the orthopaedic surgeon, dated 15 November 2010;

- An operation report (total knee replacement) by the orthopaedic surgeon, dated 12 March 2012.

Your service

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

21 January 1980 and 18 November 2012

Right Knee - Lateral Femoral Condyle - Osteoarthritis (Worsening)

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

- *having inflammatory joint disease as specified, of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical worsening of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having trauma to the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee before the clinical worsening of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least three years before the clinical worsening of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, before the clinical worsening of osteoarthritis in that joint*

- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least three years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least two years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having osteoporosis before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only, kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least one year before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical worsening of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having acromegaly before the clinical worsening of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical worsening of osteoarthritis in that joint*
- *inability to obtain appropriate clinical management for osteoarthritis*

Diagnosis: Lateral Femoral Condyle - Osteoarthritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 July 2025, and is supported by an MRI right knee by the radiologist, dated 4 June 2007.

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

Statement of Principles concerning Osteoarthritis (Reasonable Hypothesis) (No. 61 of 2017)

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

I am satisfied that you have met the following factor:

- *having inflammatory joint disease as specified, of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical worsening of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having trauma to the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee before the clinical worsening of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least three years before the clinical worsening of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only: using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, before*

the clinical worsening of osteoarthritis in that joint

- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least three years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least two years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having osteoporosis before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only, kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least one year before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical worsening of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having acromegaly before the clinical worsening of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical worsening of osteoarthritis in that joint*

- *inability to obtain appropriate clinical management for osteoarthritis*

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 on the outer side of the right knee on standing and walking, particularly on steel decks and ramps, morning stiffness, swelling at the end of the day and grinding on movement.After the 2010 worsening you had night pain, recurrent swelling, reduced flexion and could walk only about 500 metres on 21 May 2007.

The diagnosis was confirmed by X-ray on 21 May 2007, which showed narrowing of the lateral tibiofemoral joint space with osteophytes on the lateral femoral condyle, and by MRI on 4 June 2007, which showed full-thickness cartilage loss over the lateral femoral condyle with subchondral sclerosis and marginal osteophytes. An orthopaedic surgeon diagnosed osteoarthritis of the lateral compartment on 18 June 2007. This meets the Statement of Principles definition of osteoarthritis as a degenerative joint disease with loss of articular cartilage and changes in the subchondral bone.

After the condition arose, it was worsened during your service. Reactive arthritis of the right knee, which began on warlike service in East Timor, preceded the worsening on warlike service in the Middle East on 22 July 2010. Septic arthritis of the right knee, acquired in captivity on warlike service in Somalia in 1993, preceded the worsening. The intra-articular tibial plateau fracture of 1986 preceded the worsening. The haemarthrosis of 1986 preceded the worsening. Gout of the right knee, first diagnosed on warlike service in East Timor, preceded the worsening, and a further attack occurred on warlike service in the Middle East on 30 May 2010. The trauma to the right knee in 1986, in captivity in Somalia in 1993 and in 1995 preceded the worsening. The acute articular cartilage tear of 1986 preceded the worsening. The acute lateral meniscal tear of 1986 preceded the worsening. Frostbite of the right knee on warlike service in Afghanistan in January 2006 preceded the worsening. Disordered joint mechanics persisted continuously from 1987 to the worsening on warlike service in the Middle East, more than three years. Subchondral osteonecrosis of the lateral femoral condyle, shown in 2005, preceded the worsening. Power-grip work of more than 30 hours a week from 1981 to 1996, including warlike service in Somalia, preceded the worsening. Use of hand-held vibrating percussive tools on more days than not from 1982 to 1997, including warlike service in Somalia, preceded the worsening. The asymmetric gait present since 1987 continued to the worsening, more than three years. You lifted more than 100 000 kg of loads of at least 20 kg within the ten years from 1981 to 1991, before the worsening, and supervised and assisted with cargo handling on warlike service in the Middle East in 2010. You carried loads of at least 20 kg for more than 3 800 hours within the ten years from 1981 to 1991, before the worsening. You climbed more than 150 ladder rungs a day on more days than not from 1984 to 1992, a continuous period of more than two years, before the worsening. Bone densitometry on 3 February 2009 showed osteoporosis, with a femoral neck T-score of minus 2.6, after prolonged prednisolone and hypopituitarism following treatment of acromegaly. You were overweight from 1994 to the worsening, more than ten years. Your waist circumference exceeded 102 cm from 1995 to the worsening, more than ten years. Your waist circumference exceeded 88 cm from 1992 to the worsening, more than ten years. You knelt for

more than one hour a day on more days than not from 1982 to 1995, a continuous period of more than one year, before the worsening. Internal derangement of the right knee preceded the worsening. Chondromalacia patella, diagnosed in 1990, preceded the worsening. Diabetic peripheral neuropathy with impaired knee proprioception preceded the worsening. Paget's disease of the right distal femur preceded the worsening. Acromegaly preceded the worsening. Anterior cruciate ligament instability from 1995 persisted for 15 years before the worsening. Cam-type femoroacetabular impingement of the right hip preceded the worsening. On warlike service in the Middle East from March to October 2010 you had no access to orthopaedic review, joint injection or physiotherapy and continued cargo supervision on ramps and decks, and the osteoarthritis progressed to bone-on-bone disease by November 2010.

This has then led to further investigations and the diagnosis of your condition of *Lateral Femoral Condyle - Osteoarthritis (Worsening)*. I have accepted your condition of *Lateral Femoral Condyle - Osteoarthritis (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 30 May 2010.

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.