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 - LCL 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 examination by the medical officer, dated 12 January 2009;
- A patrol medical record by the medic, Afghanistan, dated 23 April 2009;
- A deployed health record by the medical officer, forward base, Afghanistan, dated 30 April 2009;
- An MRI right knee by the radiologist, dated 15 September 2009;
- A sports medicine consultation by the sports physician, dated 15 September 2009;
- A patrol medical record by the medic, Iraq, dated 11 March 2017;
- An MRI right knee by the radiologist, dated 18 August 2017;
- A specialist consultation by the orthopaedic surgeon, dated 18 August 2017;
- An operation report (lateral collateral ligament and posterolateral corner reconstruction) by the orthopaedic surgeon, dated 14 February 2018;
- A specialist review by the orthopaedic surgeon, dated 20 November 2018.

Your service

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

14 February 2005 and 11 October 2019

Right Knee - LCL 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: LCL Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by a deployed health record by the medical officer, forward base, Afghanistan, dated 30 April 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 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 sudden tearing pain on the outer side of the right knee and behind it at the fibular head, swelling, pain when the knee was stressed outwards, and pain on bending the knee against resistance, with a feeling of the knee shifting on uneven ground.After the 2017 injury the pain and instability were more severe, with the knee giving way when turning and on slopes on 23 April 2009.

The diagnosis was made clinically by the medical officer on 30 April 2009, who recorded lateral collateral ligament tenderness and 4 mm of increased opening on varus stress at 30 degrees, and was confirmed by MRI on 15 September 2009, which showed a healing grade 2 sprain of the lateral collateral ligament and a low-grade strain of the distal biceps femoris tendon. This meets the Statement of Principles definition of a sprain as an injury to a joint ligament caused by an acute physical force.

This has then led to further investigations and the diagnosis of your condition of *LCL Sprain*. I have accepted your condition of *LCL 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 23 April 2009.

Right Knee - LCL 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 examination by the medical officer, dated 12 January 2009;
- A patrol medical record by the medic, Afghanistan, dated 23 April 2009;
- A deployed health record by the medical officer, forward base, Afghanistan, dated 30 April 2009;
- An MRI right knee by the radiologist, dated 15 September 2009;
- A sports medicine consultation by the sports physician, dated 15 September 2009;
- A patrol medical record by the medic, Iraq, dated 11 March 2017;
- An MRI right knee by the radiologist, dated 18 August 2017;
- A specialist consultation by the orthopaedic surgeon, dated 18 August 2017;
- An operation report (lateral collateral ligament and posterolateral corner reconstruction) by the orthopaedic surgeon, dated 14 February 2018;
- A specialist review by the orthopaedic surgeon, dated 20 November 2018.

Your service

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

14 February 2005 and 11 October 2019

Right Knee - LCL 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: LCL 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 a deployed health record by the medical officer, forward base, Afghanistan, dated 30 April 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 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 sudden tearing pain on the outer side of the right knee and behind it at the fibular head, swelling, pain when the knee was stressed outwards, and pain on bending the knee against resistance, with a feeling of the knee shifting on uneven ground.After the 2017 injury the pain and instability were more severe, with the knee giving way when turning and on slopes on 23 April 2009.

The diagnosis was made clinically by the medical officer on 30 April 2009, who recorded lateral collateral ligament tenderness and 4 mm of increased opening on varus stress at 30 degrees, and was confirmed by MRI on 15 September 2009, which showed a healing grade 2 sprain of the lateral collateral ligament and a low-grade strain of the distal biceps femoris tendon. This meets the Statement of Principles definition of a sprain as an injury to a joint ligament caused by an acute physical force.

After the condition arose, it was worsened during your service. The worsening occurred on 11 March 2017 on warlike service in Iraq, when you were thrown from a moving vehicle during a raid and your right knee was forced into varus and hyperextension with the foot trapped against the wheel. In the same fall on warlike service in Iraq on 11 March 2017 the biceps femoris tendon was forcibly stretched as the knee was driven into hyperextension, producing a grade 2 strain on MRI on 18 August 2017, worse than the low-grade strain of 2009. On warlike service in Afghanistan in 2009 and in Iraq in 2017 you had no access to imaging, specialist review or rehabilitation, and operational requirements kept you on operations in a brace.

This has then led to further investigations and the diagnosis of your condition of *LCL Sprain (Worsening)*. I have accepted your condition of *LCL 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 11 March 2017.

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