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 - Medial 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 5 November 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 November 2025;
- An emergency record and X-ray right knee by the military hospital, dated 22 April 1981;
- An operation report (open reduction and internal fixation) by the orthopaedic surgeon, dated 24 April 1981;
- An operation report (arthroscopy right knee) by the orthopaedic surgeon, dated 11 March 1985;
- An MRI right knee and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 3 August 1988;
- An exercise health record (frostbite) by the medical officer, dated 14 February 1992;
- A rheumatology consultation by the rheumatologist, dated 7 June 1995;
- A bone densitometry by the endocrinologist, dated 6 May 1996;
- A hip MRI arthrogram and consultation by the orthopaedic surgeon, dated 21 October 1996;
- A rheumatology consultation and joint aspiration by the rheumatologist, dated 18 March 1997;
- A bone scan and endocrinology consultation by the endocrinologist, dated 30 September 1997;
- A hospital admission (septic arthritis) by the infectious diseases physician, dated 2 July 1998;
- An endocrinology consultation by the endocrinologist, dated 15 December 1998;
- An MRI right knee by the radiologist, dated 19 July 1999;

- A neurology consultation by the neurologist, dated 23 November 1999;
- An X-ray right knee by the radiologist, dated 14 March 2000;
- An outpatient health record and X-ray by the medical officer, base medical centre, dated 16 October 2001;
- An MRI right knee by the radiologist, dated 30 October 2001;
- A specialist consultation by the orthopaedic surgeon, dated 12 November 2001;
- A bone densitometry by the endocrinologist, dated 21 August 2002;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 12 July 2003;
- A standing X-rays right knee and orthopaedic review by the orthopaedic surgeon, dated 20 October 2003;
- An operation report (medial unicompartmental knee replacement) by the orthopaedic surgeon, dated 18 May 2005.

Your service

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

15 January 1979 and 30 June 2006

Right Knee - Medial 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: Medial Femoral Condyle - Osteoarthritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 November 2025, and is supported by an MRI right knee by the radiologist, dated 30 October 2001.

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 inner side of the right knee on standing and walking, particularly on concrete warehouse floors and ladders, morning stiffness, swelling at the end of the day and grinding on movement.After the 2003 worsening you had night pain, recurrent swelling, reduced flexion and could walk only about 400 metres on 16 October 2001.

The diagnosis was confirmed by X-ray on 16 October 2001, which showed narrowing of the medial tibiofemoral joint space with osteophytes on the medial femoral condyle, and by MRI on 30 October 2001, which showed full-thickness cartilage loss over the medial femoral condyle with subchondral sclerosis and marginal osteophytes. An orthopaedic surgeon diagnosed osteoarthritis of the medial compartment on 12 November 2001. 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 *Medial Femoral Condyle - Osteoarthritis*. I have accepted your condition of *Medial 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 9 October 2001.

Right Knee - Medial 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 5 November 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 November 2025;
- An emergency record and X-ray right knee by the military hospital, dated 22 April 1981;
- An operation report (open reduction and internal fixation) by the orthopaedic surgeon, dated 24 April 1981;
- An operation report (arthroscopy right knee) by the orthopaedic surgeon, dated 11 March 1985;
- An MRI right knee and orthopaedic consultation by the radiologist and orthopaedic surgeon, dated 3 August 1988;
- An exercise health record (frostbite) by the medical officer, dated 14 February 1992;
- A rheumatology consultation by the rheumatologist, dated 7 June 1995;
- A bone densitometry by the endocrinologist, dated 6 May 1996;
- A hip MRI arthrogram and consultation by the orthopaedic surgeon, dated 21 October 1996;
- A rheumatology consultation and joint aspiration by the rheumatologist, dated 18 March 1997;
- A bone scan and endocrinology consultation by the endocrinologist, dated 30 September 1997;
- A hospital admission (septic arthritis) by the infectious diseases physician, dated 2 July 1998;
- An endocrinology consultation by the endocrinologist, dated 15 December 1998;
- An MRI right knee by the radiologist, dated 19 July 1999;
- A neurology consultation by the neurologist, dated 23 November 1999;
- An X-ray right knee by the radiologist, dated 14 March 2000;
- An outpatient health record and X-ray by the medical officer, base medical centre, dated 16 October 2001;
- An MRI right knee by the radiologist, dated 30 October 2001;
- A specialist consultation by the orthopaedic surgeon, dated 12 November 2001;

- A bone densitometry by the endocrinologist, dated 21 August 2002;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 12 July 2003;
- A standing X-rays right knee and orthopaedic review by the orthopaedic surgeon, dated 20 October 2003;
- An operation report (medial unicompartmental knee replacement) by the orthopaedic surgeon, dated 18 May 2005.

Your service

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

15 January 1979 and 30 June 2006

Right Knee - Medial 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: Medial Femoral Condyle - Osteoarthritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 November 2025, and is supported by an MRI right knee by the radiologist, dated 30 October 2001.

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 inner side of the right knee on standing and walking, particularly on concrete warehouse floors and ladders, morning stiffness, swelling at the end of the day and grinding on movement.After the 2003 worsening you had night pain, recurrent swelling, reduced flexion and could walk only about 400 metres on 16 October 2001.

The diagnosis was confirmed by X-ray on 16 October 2001, which showed narrowing of the medial tibiofemoral joint space with osteophytes on the medial femoral condyle, and by MRI on 30 October 2001, which showed full-thickness cartilage loss over the medial femoral condyle with subchondral sclerosis and marginal osteophytes. An orthopaedic surgeon diagnosed osteoarthritis of the medial compartment on 12 November 2001. 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. Psoriatic arthritis of the right knee preceded the worsening on warlike service in the Middle East on 12 July 2003, and flared there in May 2003. Septic arthritis of the right knee, which followed detention on non-warlike service in Bougainville in 1998, preceded the worsening. The intra-articular medial tibial plateau fracture of 1981 preceded the worsening. The haemarthrosis of 1981 preceded the worsening. Calcium pyrophosphate deposition disease of the right knee preceded the worsening. The trauma to the right knee in 1981, 1988 and on warlike service in East Timor in January 2000 preceded the worsening. The acute articular cartilage tear of 1981 preceded the worsening. The acute medial meniscal tear of 1981 preceded the worsening. Frostbite of the right knee in 1992 preceded the worsening. Disordered joint mechanics persisted continuously from 1982 to the worsening on warlike service in the Middle East, more than three years. Subchondral osteonecrosis of the medial femoral condyle, shown in 1999, preceded the worsening. Power-grip and pinch-grip work of more than 30 hours a week from 1980 to 1995 preceded the worsening. Use of hand-held vibrating percussive tools on more days than not from 1980 to 1995 preceded the worsening. The asymmetric gait present since 1982 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 1980 to 1990, before the worsening, and handled stores at the forward logistic base on warlike service in the Middle East in 2003. You carried loads of at least 20 kg for more than 3

800 hours within the ten years from 1980 to 1990, before the worsening. You climbed more than 150 ladder rungs a day on more days than not from 1982 to 1990, a continuous period of more than two years, before the worsening. Bone densitometry on 21 August 2002 showed osteoporosis, with a femoral neck T-score of minus 2.7, after prolonged prednisolone and an early menopause following treatment of your pituitary adenoma. You were overweight from 1988 to the worsening, more than ten years. Your waist circumference exceeded 102 cm from 1990 to the worsening, more than ten years. You are female, and your waist circumference exceeded 88 cm from 1989 to the worsening, more than ten years. You knelt for more than one hour a day on more days than not from 1980 to 1992, a continuous period of more than one year, before the worsening. Internal derangement of the right knee preceded the worsening. Chondromalacia patella, diagnosed in 1985, preceded the worsening. Vitamin B12 deficiency myeloneuropathy with impaired knee proprioception preceded the worsening. Paget's disease of the right distal femur preceded the worsening. Acromegaly preceded the worsening. Posterior cruciate ligament instability from 1988 persisted for almost 15 years before the worsening. Pincer-type femoroacetabular impingement of the right hip preceded the worsening. On warlike service in the Middle East from February to September 2003 you had no access to orthopaedic review, joint injection or physiotherapy and continued stores work including ladders and tailgates, and the osteoarthritis progressed to bone-on-bone disease by October 2003.

This has then led to further investigations and the diagnosis of your condition of *Medial Femoral Condyle - Osteoarthritis (Worsening)*. I have accepted your condition of *Medial 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 12 July 2003.

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.