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 - Patellar Tendinopathy

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 10 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 October 2025;
- A role 3 hospital admission record by the afghanistan, dated 19 July 2008;
- A renal medicine consultation by the renal physician, dated 5 August 2008;
- A transplant operation and discharge summary by the transplant surgeon, dated 14 March 2011;
- A renal medicine follow-up by the renal physician, dated 22 September 2011;
- An outpatient health record by the medical officer, Garrison health centre, dated 18 June 2013;
- A pre-deployment medical by the medical officer, dated 25 March 2015;
- An outpatient health record by the medical officer, Garrison health centre, dated 2 April 2015;
- A role 2 outpatient record by the medical officer, Iraq, dated 12 May 2015;
- An ultrasound right knee and aspiration report by Role 2 hospital, Iraq, dated 18 May 2015;
- A procedure record by the medical officer, Iraq, dated 28 May 2018;
- An ultrasound right knee by Role 2 hospital, Iraq, dated 6 June 2018;
- An MRI right knee by the radiologist, dated 20 September 2018;
- A sports medicine consultation by the sports physician, dated 27 September 2018.

Your service

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

12 July 2004 and 15 March 2021

Right Knee - Patellar Tendinopathy

You have stated that your condition was caused by:

- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical onset of patellar tendinopathy*
- *undertaking weight bearing exercise involving jumping or repeated flexion and extension of the affected knee, at a minimum intensity greater than six METs for at least four hours per week, for at least the four weeks before the clinical onset of patellar tendinopathy*
- *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, within the seven days before the clinical onset of patellar tendinopathy*
- *having direct trauma to the patellar tendon of the affected knee at the time of the clinical onset of patellar tendinopathy*
- *having gout of the patellar tendon or distal quadriceps tendon at the time of the clinical onset of patellar tendinopathy*
- *being treated with a glucocorticoid drug as specified before the clinical onset of patellar tendinopathy*
- *being treated with a fluoroquinolone antibiotic within the 60 days before the clinical onset of patellar tendinopathy*
- *for distal quadriceps tendinopathy or rupture only, being treated with atorvastatin for at least three months within the one year before the clinical onset of patellar tendinopathy*
- *for patellar tendon or distal quadriceps tendon rupture only: having diabetes mellitus at the time of the clinical onset of patellar tendinopathy*
- *for patellar tendon or distal quadriceps tendon rupture only: having chronic renal failure at the time of the clinical onset of patellar tendinopathy*

Diagnosis: Patellar Tendinopathy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 10 October 2025, and is supported by an ultrasound right knee and aspiration report by Role 2 hospital, Iraq, dated 18 May 2015.

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

Statement of Principles concerning Patellar Tendinopathy (Reasonable Hypothesis) (No. 21 of 2020)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical onset of patellar tendinopathy*
- *undertaking weight bearing exercise involving jumping or repeated flexion and extension of the affected knee, at a minimum intensity greater than six METs for at least four hours per week, for at least the four weeks before the clinical onset of patellar tendinopathy*
- *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, within the seven days before the clinical onset of patellar tendinopathy*
- *having direct trauma to the patellar tendon of the affected knee at the time of the clinical onset of patellar tendinopathy*
- *having gout of the patellar tendon or distal quadriceps tendon at the time of the clinical onset of patellar tendinopathy*
- *being treated with a glucocorticoid drug as specified before the clinical onset of patellar tendinopathy*
- *being treated with a fluoroquinolone antibiotic within the 60 days before the clinical onset of patellar tendinopathy*
- *for distal quadriceps tendinopathy or rupture only, being treated with atorvastatin for at least three months within the one year before the clinical onset of patellar tendinopathy*
- *for patellar tendon or distal quadriceps tendon rupture only: having diabetes mellitus at the time of the clinical onset of patellar tendinopathy*
- *for patellar tendon or distal quadriceps tendon rupture only: having chronic renal failure at the time of the clinical onset of patellar tendinopathy*

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 sharp pain at the inferior pole of the right patella on running, jumping, squatting and stairs, focal tenderness and morning stiffness, with pain after sitting on 12 May 2015.

The diagnosis was confirmed by ultrasound on 18 May 2015, which showed a thickened, hypoechoic proximal patellar tendon with neovascularity and a degenerative partial-thickness tear of 30 per cent of its width, distal quadriceps tendon thickening and an intratendinous tophus confirmed as urate on aspiration. With pain and tenderness localised to the patellar tendon that worsened with activity, this meets the Statement of Principles definition of patellar tendinopathy, including degenerative patellar tendon tear and distal quadriceps tendinopathy.

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

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 11 May 2015.

Right Knee - Patellar Tendinopathy (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 10 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 October 2025;
- A role 3 hospital admission record by the afghanistan, dated 19 July 2008;
- A renal medicine consultation by the renal physician, dated 5 August 2008;
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- An outpatient health record by the medical officer, Garrison health centre, dated 18 June 2013;
- A pre-deployment medical by the medical officer, dated 25 March 2015;
- An outpatient health record by the medical officer, Garrison health centre, dated 2 April 2015;
- A role 2 outpatient record by the medical officer, Iraq, dated 12 May 2015;
- An ultrasound right knee and aspiration report by Role 2 hospital, Iraq, dated 18 May 2015;
- A procedure record by the medical officer, Iraq, dated 28 May 2018;
- An ultrasound right knee by Role 2 hospital, Iraq, dated 6 June 2018;
- An MRI right knee by the radiologist, dated 20 September 2018;
- A sports medicine consultation by the sports physician, dated 27 September 2018.

Your service

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

12 July 2004 and 15 March 2021

Right Knee - Patellar Tendinopathy (Worsening)

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

- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical worsening of patellar tendinopathy*
- *undertaking weight bearing exercise involving jumping or repeated flexion and extension of the affected knee, at a minimum intensity greater than six METs for at least four hours per week, for at least the four weeks before the clinical worsening of patellar tendinopathy*
- *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, within the seven days before the clinical worsening of patellar tendinopathy*
- *having direct trauma to the patellar tendon of the affected knee at the time of the clinical worsening of patellar tendinopathy*
- *having gout of the patellar tendon or distal quadriceps tendon at the time of the clinical worsening of patellar tendinopathy*
- *being treated with a glucocorticoid drug as specified before the clinical worsening of patellar tendinopathy*
- *being treated with a fluoroquinolone antibiotic within the 60 days before the clinical worsening of patellar tendinopathy*
- *for distal quadriceps tendinopathy or rupture only, being treated with atorvastatin for at least three months within the one year before the clinical worsening of patellar tendinopathy*
- *inability to obtain appropriate clinical management for patellar tendinopathy*

Diagnosis: Patellar Tendinopathy (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 10 October 2025, and is supported by an ultrasound right knee and aspiration report by Role 2 hospital, Iraq, dated 18 May 2015.

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

Statement of Principles concerning Patellar Tendinopathy (Reasonable Hypothesis) (No. 21 of 2020)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical worsening of patellar tendinopathy*
- *undertaking weight bearing exercise involving jumping or repeated flexion and extension of the affected knee, at a minimum intensity greater than six METs for at least four hours per week, for at least the four weeks before the clinical worsening of patellar tendinopathy*
- *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, within the seven days before the clinical worsening of patellar tendinopathy

- *having direct trauma to the patellar tendon of the affected knee at the time of the clinical worsening of patellar tendinopathy*
- *having gout of the patellar tendon or distal quadriceps tendon at the time of the clinical worsening of patellar tendinopathy*
- *being treated with a glucocorticoid drug as specified before the clinical worsening of patellar tendinopathy*
- *being treated with a fluoroquinolone antibiotic within the 60 days before the clinical worsening of patellar tendinopathy*
- *for distal quadriceps tendinopathy or rupture only, being treated with atorvastatin for at least three months within the one year before the clinical worsening of patellar tendinopathy*
- *inability to obtain appropriate clinical management for patellar tendinopathy*

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 sharp pain at the inferior pole of the right patella on running, jumping, squatting and stairs, focal tenderness and morning stiffness, with pain after sitting on 12 May 2015.

The diagnosis was confirmed by ultrasound on 18 May 2015, which showed a thickened, hypoechoic proximal patellar tendon with neovascularity and a degenerative partial-thickness tear of 30 per cent of its width, distal quadriceps tendon thickening and an intratendinous tophus confirmed as urate on aspiration. With pain and tenderness localised to the patellar tendon that worsened with activity, this meets the Statement of Principles definition of patellar tendinopathy, including degenerative patellar tendon tear and distal quadriceps tendinopathy.

After the condition arose, it was worsened during your service. On warlike service in Iraq in 2018 you ran an average of 62 km a week throughout the four weeks before the worsening, from 9 May 2018 to 6 June 2018. On warlike service in Iraq throughout the four weeks before the worsening you led obstacle, bounding and fire and movement training at 7 to 9 METs for about seven hours a week. On warlike service in Iraq, from 30 May 2018, your weight-bearing training rose from about two to about four and a half hours a day at 6 to 8 METs, an increase of more than 100 per cent within the seven days before the worsening. On warlike service in Iraq on 4 June 2018 you struck the patellar tendon on a vehicle step. Gout of the patellar tendon, with a larger tophus on ultrasound on 6 June 2018 in Iraq, was present at the time of the worsening. On warlike service in Iraq on 28 May 2018, nine days before the worsening, a medical officer injected triamcinolone 40 mg into the patellar tendon region, within the two weeks before the worsening. On warlike service in Iraq you took ciprofloxacin 500 mg twice daily from 20 April 2018 for seven days for bacterial gastroenteritis, within the 60 days before the worsening, from 7 April 2018 to 6 June 2018. You took atorvastatin 40 mg daily throughout the year before the worsening, from 6 June 2017 to 6 June 2018, including on warlike service in Iraq, and MRI on 20 September 2018 confirmed progression of the distal quadriceps tendinopathy. On warlike

service in Iraq in 2015 and 2018 you had no access to physiotherapy, a sports physician or MRI and continued training duties after each injury, and in 2018 the only treatment available was a corticosteroid injection into the tendon region, after which the tear enlarged from 30 to 60 per cent.

This has then led to further investigations and the diagnosis of your condition of *Patellar Tendinopathy (Worsening)*. I have accepted your condition of *Patellar Tendinopathy (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 6 June 2018.

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