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 - Patellofemoral Pain Syndrome

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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- An outpatient health record by the medical officer, Patrol base, Afghanistan, dated 12 March 2011;
- A physiotherapy assessment by the physiotherapist, dated 30 March 2011;
- An X-ray right knee by Role 2 facility, Afghanistan, dated 28 May 2011;
- An outpatient health record by the medical officer, Afghanistan, dated 4 June 2011;
- A physiotherapy review by the physiotherapist, dated 8 August 2011;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 23 August 2011;
- An MRI right knee and orthopaedic consultation by the orthopaedic surgeon, dated 15 December 2011;
- An ultrasound right knee by Role 2 facility, Iraq, dated 10 April 2016;
- An outpatient health record by the medical officer, Iraq, dated 18 August 2016;
- An MRI right knee by the radiologist, dated 30 November 2016;
- An operation report by the orthopaedic surgeon, dated 14 February 2017.

Your service

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

14 July 2008 and 30 November 2020

Right Knee - Patellofemoral Pain Syndrome

You have stated that your condition was caused by:

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

Diagnosis: Patellofemoral Pain Syndrome

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by an MRI right knee and orthopaedic consultation by the orthopaedic surgeon, dated 15 December 2011.

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

Statement of Principles concerning Chondromalacia Patella (Reasonable Hypothesis) (No. 1 of 2019)

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

I am satisfied that you have met the following factor:

- *having direct trauma to the patella of the affected knee within the three months before the clinical onset of chondromalacia patella*
- *having patellar dislocation of the affected knee within the three months before the clinical onset of chondromalacia patella*

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

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with anterior right knee pain around and behind the kneecap, worse with stairs, kneeling, squatting and prolonged sitting, with grinding and swelling after patrols on 23 August 2011.

The diagnosis was confirmed by MRI on 15 December 2011, which showed grade II to III chondromalacia of the patella with fibrillation and fissuring of the median ridge and lateral facet, without osteoarthritic change. This meets the Statement of Principles definition of chondromalacia patella: softening, fibrillation or erosion of the articular cartilage of the patella associated with recurrent or chronic patellofemoral pain, excluding osteoarthritis.

This has then led to further investigations and the diagnosis of your condition of *Patellofemoral Pain Syndrome*. I have accepted your condition of *Patellofemoral Pain Syndrome*.

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 20 August 2011.

Right Knee - Patellofemoral Pain Syndrome (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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- An outpatient health record by the medical officer, Patrol base, Afghanistan, dated 12 March 2011;
- A physiotherapy assessment by the physiotherapist, dated 30 March 2011;
- An X-ray right knee by Role 2 facility, Afghanistan, dated 28 May 2011;
- An outpatient health record by the medical officer, Afghanistan, dated 4 June 2011;
- A physiotherapy review by the physiotherapist, dated 8 August 2011;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 23 August 2011;
- An MRI right knee and orthopaedic consultation by the orthopaedic surgeon, dated 15 December 2011;
- An ultrasound right knee by Role 2 facility, Iraq, dated 10 April 2016;
- An outpatient health record by the medical officer, Iraq, dated 18 August 2016;
- An MRI right knee by the radiologist, dated 30 November 2016;
- An operation report by the orthopaedic surgeon, dated 14 February 2017.

Your service

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

14 July 2008 and 30 November 2020

Right Knee - Patellofemoral Pain Syndrome (Worsening)

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

- *having direct trauma to the patella of the affected knee within the three months before the clinical worsening of chondromalacia patella*

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

Diagnosis: Patellofemoral Pain Syndrome (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by an MRI right knee and orthopaedic consultation by the orthopaedic surgeon, dated 15 December 2011.

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

Statement of Principles concerning Chondromalacia Patella (Reasonable Hypothesis) (No. 1 of 2019)

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

I am satisfied that you have met the following factor:

- *having direct trauma to the patella of the affected knee within the three months before the clinical worsening of chondromalacia patella*
- *having patellar dislocation of the affected knee within the three months before the clinical worsening of chondromalacia patella*
- *having an injury to the affected knee resulting in acute meniscal or ligamentous tear of the knee or permanent ligamentous instability, within the six months before the clinical worsening of chondromalacia patella*
- *having acquired abnormal tracking of the patella of the affected knee for at least the three months before the clinical worsening of chondromalacia patella*

- *running or jogging an average of at least 30 kilometres per week for at least the four weeks before the clinical worsening of chondromalacia patella*
- *undertaking weight bearing exercise involving forceful loading of the affected patellofemoral joint, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical worsening of chondromalacia patella*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected knee by at least 100 percent, to a minimum intensity of five METs for at least two hours per day, for at least the seven days before the clinical worsening of chondromalacia patella*
- *being obese at the time of the clinical worsening of chondromalacia patella*
- *inability to obtain appropriate clinical management for chondromalacia patella*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with anterior right knee pain around and behind the kneecap, worse with stairs, kneeling, squatting and prolonged sitting, with grinding and swelling after patrols on 23 August 2011.

The diagnosis was confirmed by MRI on 15 December 2011, which showed grade II to III chondromalacia of the patella with fibrillation and fissuring of the median ridge and lateral facet, without osteoarthritic change. This meets the Statement of Principles definition of chondromalacia patella: softening, fibrillation or erosion of the articular cartilage of the patella associated with recurrent or chronic patellofemoral pain, excluding osteoarthritis.

After the condition arose, it was worsened during your service. The blow to the right kneecap on 2 July 2016 occurred on warlike service in Iraq, within the three months before the worsening. The redislocation of 20 June 2016 occurred during a drill on warlike service in Iraq, within the three months before the worsening. The lateral meniscal tear of 10 April 2016 occurred on warlike service in Iraq, within the six months before the worsening. Acquired maltracking was present throughout the three months before the worsening on warlike service in Iraq. On warlike service in Iraq you ran about 62 kilometres a week in the four weeks before the worsening. On warlike service in Iraq you patrolled and trained more than 12 hours a week under load in the four weeks before the worsening. On warlike service in Iraq your daily activity rose from about 3.5 to 8 hours from 8 August 2016, for the seven days before the worsening. Your BMI was 31.6 on 18 August 2016, at the worsening on warlike service in Iraq. On warlike service in Iraq from March to October 2016 no physiotherapy, imaging or orthopaedic review was available for your diagnosed chondromalacia, and the condition worsened while you continued full duties.

This has then led to further investigations and the diagnosis of your condition of *Patellofemoral Pain Syndrome (Worsening)*. I have accepted your condition of *Patellofemoral Pain Syndrome (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 10 April 2016.

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.