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 - Pes Anserine Bursitis

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 26 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- An outpatient health record and MRI right knee report by the medical officer and radiologist, dated 12 March 2007;
- An operation report (arthroscopic partial medial meniscectomy) by the orthopaedic surgeon, dated 26 April 2007;
- A podiatry assessment by the podiatrist, dated 19 August 2009;
- A dermatology consultation by the dermatologist, dated 14 October 2009;
- A pre-deployment medical examination and X-ray right knee report by the medical officer and radiologist, dated 22 November 2010;
- A wound management record by the surgeon, Role 2 facility, Afghanistan, dated 30 May 2011;
- A wound review by the medical officer, Role 1 facility, Afghanistan, dated 6 June 2011;
- An outpatient health record and microbiology report by the medical officer, Role 1 facility, Afghanistan, dated 24 June 2011;
- An ultrasound right knee report and inpatient record by Role 3 hospital, Afghanistan, dated 28 June 2011;
- A wound management record by the surgeon, Role 2 facility, Iraq, dated 25 July 2017;
- An outpatient health record and microbiology report by the medical officer, Role 1 facility, Iraq, dated 15 August 2017;
- An MRI right knee report by the radiologist, dated 9 October 2017;

- An operation report and histopathology (bursectomy) by the orthopaedic surgeon, dated 30 October 2017.

Your service

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

16 May 2003 and 30 March 2020

Right Knee - Pes Anserine Bursitis

You have stated that your condition was caused by:

- *for knee bursitis other than prepatellar and superficial infrapatellar bursitis, running or jogging an average of at least 30 kilometres per week for the four weeks before the clinical onset of knee bursitis*
- *for prepatellar bursitis or superficial infrapatellar bursitis only, working whilst kneeling, crawling or pressing the anterior knee against a hard vertical surface for a cumulative period of at least 60 hours within the two months before the clinical onset of knee bursitis*
- *for medial collateral ligament bursitis only, pressing the medial side of the knee against a hard surface for a cumulative period of at least 60 hours within the two months before the clinical onset of knee bursitis*
- *having trauma to the affected knee bursa in the 30 days before the clinical onset of knee bursitis*
- *having surgery to the knee of the affected side in the 30 days before the clinical onset of knee bursitis*
- *having a bacterial, fungal or algal infection of the affected knee bursa at the time of the clinical onset of knee bursitis*
- *for septic knee bursitis only, being in an immunocompromised state as specified at the time of the clinical onset of knee bursitis*
- *for prepatellar, superficial infrapatellar or pretibial bursitis only, having psoriasis, atopic dermatitis or other inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected knee, at the time of the clinical onset of knee bursitis*
- *having a disease from the specified list of diseases at the time of the clinical onset of knee bursitis*
- *for medial compartment bursitis only, having medial compartment osteoarthritis at the time of the clinical onset of knee bursitis*
- *for pes anserine bursitis only, having a significant biomechanical abnormality involving the affected knee at the time of the clinical onset of knee bursitis*

Diagnosis: Pes Anserine Bursitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by an outpatient health record and microbiology report by the medical officer, Role 1 facility, Afghanistan, dated 24 June 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 Knee Bursitis (Reasonable Hypothesis) (No. 65 of 2018)

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

I am satisfied that you have met the following factor:

- *for knee bursitis other than prepatellar and superficial infrapatellar bursitis, running or jogging an average of at least 30 kilometres per week for the four weeks before the clinical onset of knee bursitis*
- *for prepatellar bursitis or superficial infrapatellar bursitis only, working whilst kneeling, crawling or pressing the anterior knee against a hard vertical surface for a cumulative period of at least 60 hours within the two months before the clinical onset of knee bursitis*
- *for medial collateral ligament bursitis only, pressing the medial side of the knee against a hard surface for a cumulative period of at least 60 hours within the two months before the clinical onset of knee bursitis*
- *having trauma to the affected knee bursa in the 30 days before the clinical onset of knee bursitis*
- *having surgery to the knee of the affected side in the 30 days before the clinical onset of knee bursitis*
- *having a bacterial, fungal or algal infection of the affected knee bursa at the time of the clinical onset of knee bursitis*
- *for septic knee bursitis only, being in an immunocompromised state as specified at the time of the clinical onset of knee bursitis*
- *for prepatellar, superficial infrapatellar or pretibial bursitis only, having psoriasis, atopic dermatitis or other inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected knee, at the time of the clinical onset of knee bursitis*
- *having a disease from the specified list of diseases at the time of the clinical onset of knee bursitis*
- *for medial compartment bursitis only, having medial compartment osteoarthritis at the time of the clinical onset of knee bursitis*
- *for pes anserine bursitis only, having a significant biomechanical abnormality involving the affected knee at the time of the clinical onset of knee bursitis*

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 acute painful swelling, warmth and redness over the

medial proximal tibia below the knee joint line, fever, swelling over the kneecap, pain on climbing stairs and pain at night when the knees touched on 24 June 2011.

The diagnosis was confirmed on 24 June 2011 by the clinical findings of localised painful swelling, warmth and tenderness over the right pes anserine bursa, and by aspiration of turbid fluid that grew Staphylococcus aureus. Ultrasound on 28 June 2011 showed a distended pes anserine bursa with thickened hyperaemic walls and debris, and smaller collections in the prepatellar, medial collateral ligament and semimembranosus-tibial collateral ligament bursae. This meets the Statement of Principles definition of knee bursitis as inflammation or infection of a bursa around the knee joint, and is not a popliteal cyst.

This has then led to further investigations and the diagnosis of your condition of *Pes Anserine Bursitis*. I have accepted your condition of *Pes Anserine Bursitis*.

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 June 2011.

Right Knee - Pes Anserine Bursitis (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 26 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 February 2025;
- An outpatient health record and MRI right knee report by the medical officer and radiologist, dated 12 March 2007;
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- A podiatry assessment by the podiatrist, dated 19 August 2009;
- A dermatology consultation by the dermatologist, dated 14 October 2009;
- A pre-deployment medical examination and X-ray right knee report by the medical officer and radiologist, dated 22 November 2010;
- A wound management record by the surgeon, Role 2 facility, Afghanistan, dated 30 May 2011;
- A wound review by the medical officer, Role 1 facility, Afghanistan, dated 6 June 2011;
- An outpatient health record and microbiology report by the medical officer, Role 1 facility, Afghanistan, dated 24 June 2011;
- An ultrasound right knee report and inpatient record by Role 3 hospital, Afghanistan, dated 28 June 2011;
- A wound management record by the surgeon, Role 2 facility, Iraq, dated 25 July 2017;
- An outpatient health record and microbiology report by the medical officer, Role 1 facility, Iraq, dated 15 August 2017;
- An MRI right knee report by the radiologist, dated 9 October 2017;
- An operation report and histopathology (bursectomy) by the orthopaedic surgeon, dated 30 October 2017.

Your service

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

16 May 2003 and 30 March 2020

Right Knee - Pes Anserine Bursitis (Worsening)

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

- *for knee bursitis other than prepatellar and superficial infrapatellar bursitis, running or jogging an average of at least 30 kilometres per week for the four weeks before the clinical worsening of knee bursitis*
- *for prepatellar bursitis or superficial infrapatellar bursitis only, working whilst kneeling, crawling or pressing the anterior knee against a hard vertical surface for a cumulative period of at least 60 hours within the two months before the clinical worsening of knee bursitis*
- *for medial collateral ligament bursitis only, pressing the medial side of the knee against a hard surface for a cumulative period of at least 60 hours within the two months before the clinical worsening of knee bursitis*
- *having trauma to the affected knee bursa in the 30 days before the clinical worsening of knee bursitis*
- *having surgery to the knee of the affected side in the 30 days before the clinical worsening of knee bursitis*
- *having a bacterial, fungal or algal infection of the affected knee bursa at the time of the clinical worsening of knee bursitis*
- *for septic knee bursitis only, being in an immunocompromised state as specified at the time of the clinical worsening of knee bursitis*
- *for prepatellar, superficial infrapatellar or pretibial bursitis only, having psoriasis, atopic dermatitis or other inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected knee, at the time of the clinical worsening of knee bursitis*
- *having a disease from the specified list of diseases at the time of the clinical worsening of knee bursitis*
- *for medial compartment bursitis only, having medial compartment osteoarthritis at the time of the clinical worsening of knee bursitis*
- *for pes anserine bursitis only, having a significant biomechanical abnormality involving the affected knee at the time of the clinical worsening of knee bursitis*
- *inability to obtain appropriate clinical management for knee bursitis*

Diagnosis: Pes Anserine Bursitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 February 2025, and is supported by an outpatient health record and microbiology report by the medical officer, Role 1 facility, Afghanistan, dated 24 June 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 Knee Bursitis (Reasonable Hypothesis) (No. 65 of 2018)

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

I am satisfied that you have met the following factor:

- *for knee bursitis other than prepatellar and superficial infrapatellar bursitis, running or jogging an average of at least 30 kilometres per week for the four weeks before the clinical worsening of knee bursitis*
- *for prepatellar bursitis or superficial infrapatellar bursitis only, working whilst kneeling, crawling or pressing the anterior knee against a hard vertical surface for a cumulative period of at least 60 hours within the two months before the clinical worsening of knee bursitis*
- *for medial collateral ligament bursitis only, pressing the medial side of the knee against a hard surface for a cumulative period of at least 60 hours within the two months before the clinical worsening of knee bursitis*
- *having trauma to the affected knee bursa in the 30 days before the clinical worsening of knee bursitis*
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- *having a bacterial, fungal or algal infection of the affected knee bursa at the time of the clinical worsening of knee bursitis*
- *for septic knee bursitis only, being in an immunocompromised state as specified at the time of the clinical worsening of knee bursitis*
- *for prepatellar, superficial infrapatellar or pretibial bursitis only, having psoriasis, atopic dermatitis or other inflammatory skin disorder, where the skin disorder involves the skin of the extensor surface of the affected knee, at the time of the clinical worsening of knee bursitis*
- *having a disease from the specified list of diseases at the time of the clinical worsening of knee bursitis*
- *for medial compartment bursitis only, having medial compartment osteoarthritis at the time of the clinical worsening of knee bursitis*
- *for pes anserine bursitis only, having a significant biomechanical abnormality involving the affected knee at the time of the clinical worsening of knee bursitis*
- *inability to obtain appropriate clinical management for knee bursitis*

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 acute painful swelling, warmth and redness over the medial proximal tibia below the knee joint line, fever, swelling over the kneecap, pain on climbing stairs and pain at night when the knees touched on 24 June 2011.

The diagnosis was confirmed on 24 June 2011 by the clinical findings of localised painful swelling, warmth and tenderness over the right pes anserine bursa, and by aspiration of turbid fluid that grew Staphylococcus aureus. Ultrasound on 28 June 2011 showed a distended pes anserine bursa with thickened hyperaemic walls and debris, and smaller collections in the prepatellar, medial collateral ligament and semimembranosus-tibial collateral ligament bursae. This meets the Statement of Principles definition of knee bursitis as inflammation or infection of a bursa around the knee joint, and is not a popliteal cyst.

After the condition arose, it was worsened during your service. On warlike service in Iraq you ran about 62 km a week in the four weeks before the worsening of 15 August 2017. On warlike service in Iraq from 15 June to 15 August 2017 you knelt on concrete teaching search techniques for more than 200 hours, with the prepatellar bursa involved. On warlike service in Iraq you rode a trail motorcycle on range reconnaissance for more than 65 hours in the two months before the worsening, with the medial collateral ligament bursa involved. On warlike service in Iraq on 25 July 2017 you lacerated the skin over the pes anserine bursa on a steel vehicle ramp, 21 days before the worsening. The laceration was surgically closed at the role 2 facility in Iraq on 25 July 2017, 21 days before the worsening. Staphylococcus aureus was grown from the bursa on warlike service in Iraq on 15 August 2017, the date of the worsening. Methotrexate 15 mg weekly was continued on warlike service in Iraq and was being taken at the septic worsening on 15 August 2017. Active psoriasis over the right patella was recorded in Iraq on 15 August 2017, with the prepatellar bursa involved. Gout was present at the worsening, with an acute attack on warlike service in Iraq in July 2017 and a serum urate of 0.52 mmol/L. MRI on 9 October 2017 showed progression of medial compartment osteoarthritis to full-thickness cartilage loss, and the semimembranosus bursa remained involved at the worsening in Iraq. Right genu valgum with excessive pronation and leg length inequality persisted at the worsening on warlike service in Iraq, where you again had no replacement orthoses. On warlike service in Afghanistan in 2011 the septic bursitis received only four days of intravenous antibiotics without rest, surgical drainage or imaging follow-up, and on warlike service in Iraq in 2017 no ultrasound or orthopaedic review was available until your return, after which the chronic bursa required excision.

This has then led to further investigations and the diagnosis of your condition of *Pes Anserine Bursitis (Worsening)*. I have accepted your condition of *Pes Anserine Bursitis (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 15 August 2017.

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.