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 - Popliteal Cyst

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 15 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 October 2025;
- A role 3 hospital record and X-ray right knee by the afghanistan, dated 14 December 2006;
- An operation report by the orthopaedic surgeon, dated 10 May 2007;
- An operation report by the orthopaedic surgeon, dated 12 March 2014;
- An orthopaedic review and X-ray right knee by the orthopaedic surgeon, dated 6 June 2016;
- An outpatient health record and ultrasound by the medical officer, Garrison health centre, dated 18 August 2016;
- A role 2 medical facility record by the medical officer, Iraq, dated 2 June 2018;
- A role 3 facility record and ultrasound by the iraq, dated 14 June 2018;
- An MRI right knee and orthopaedic review by the orthopaedic surgeon, dated 11 September 2018.

Your service

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

15 January 2001 and 30 September 2020

Right Knee - Popliteal Cyst

You have stated that your condition was caused by:

- *having an injury or disease which causes synovitis of the affected knee joint at the time of the clinical onset of popliteal cyst*
- *having a partial or total knee replacement before the clinical onset of popliteal cyst*

Diagnosis: Popliteal Cyst

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 October 2025, and is supported by an outpatient health record and ultrasound by the medical officer, Garrison health centre, dated 18 August 2016.

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

Statement of Principles concerning Popliteal Cyst (Balance of Probabilities) (No. 32 of 2018)

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

I am satisfied that you have met the following factor:

- *having an injury or disease which causes synovitis of the affected knee joint at the time of the clinical onset of popliteal cyst*
- *having a partial or total knee replacement before the clinical onset of popliteal cyst*

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 a soft swelling and tightness behind the right knee, aching in the back of the knee after standing and lifting, stiffness on bending and a recurrent knee effusion on 18 August 2016.

The diagnosis was made on 18 August 2016 on a palpable, fluctuant swelling in the medial popliteal fossa with posterior knee tightness and a recurrent effusion, confirmed the same day on ultrasound as a fluid-filled cyst arising between the medial head of gastrocnemius and the semimembranosus tendon and communicating with the knee joint. This meets the Statement of Principles definition of popliteal cyst: a swelling in the popliteal fossa due to enlargement of the gastrocnemius-semimembranosus bursa associated with clinical manifestations.

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

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 5 August 2016.

Right Knee - Popliteal Cyst (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 15 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 October 2025;
- A role 3 hospital record and X-ray right knee by the afghanistan, dated 14 December 2006;
- An operation report by the orthopaedic surgeon, dated 10 May 2007;
- An operation report by the orthopaedic surgeon, dated 12 March 2014;
- An orthopaedic review and X-ray right knee by the orthopaedic surgeon, dated 6 June 2016;
- An outpatient health record and ultrasound by the medical officer, Garrison health centre, dated 18 August 2016;
- A role 2 medical facility record by the medical officer, Iraq, dated 2 June 2018;
- A role 3 facility record and ultrasound by the iraq, dated 14 June 2018;
- An MRI right knee and orthopaedic review by the orthopaedic surgeon, dated 11 September 2018.

Your service

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

15 January 2001 and 30 September 2020

Right Knee - Popliteal Cyst (Worsening)

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

- *having an injury or disease which causes synovitis of the affected knee joint at the time of the clinical worsening of popliteal cyst*
- *having a partial or total knee replacement before the clinical worsening of popliteal cyst*
- *for clinical worsening of a popliteal cyst manifesting as rupture of a popliteal cyst only, undertaking physical activity at a minimum intensity of five METS at the time of the clinical worsening of popliteal cyst*
- *inability to obtain appropriate clinical management for popliteal cyst*

Diagnosis: Popliteal Cyst (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 October 2025, and is supported by an outpatient health record and ultrasound by the medical officer, Garrison health centre, dated 18 August 2016.

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

Statement of Principles concerning Popliteal Cyst (Reasonable Hypothesis) (No. 31 of 2018)

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

I am satisfied that you have met the following factor:

- *having an injury or disease which causes synovitis of the affected knee joint at the time of the clinical worsening of popliteal cyst*
- *having a partial or total knee replacement before the clinical worsening of popliteal cyst*
- *for clinical worsening of a popliteal cyst manifesting as rupture of a popliteal cyst only, undertaking physical activity at a minimum intensity of five METS at the time of the clinical worsening of popliteal cyst*
- *inability to obtain appropriate clinical management for popliteal cyst*

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 a soft swelling and tightness behind the right knee, aching in the back of the knee after standing and lifting, stiffness on bending and a recurrent knee effusion on 18 August 2016.

The diagnosis was made on 18 August 2016 on a palpable, fluctuant swelling in the medial popliteal fossa with posterior knee tightness and a recurrent effusion, confirmed the same day on ultrasound as a fluid-filled cyst arising between the medial head of gastrocnemius and the semimembranosus tendon and communicating with the knee joint. This meets the Statement of Principles definition of popliteal cyst: a swelling in the popliteal fossa due to enlargement of the gastrocnemius-semimembranosus bursa associated with clinical manifestations.

After the condition arose, it was worsened during your service. The acute lateral meniscal tear of 2 June 2018 was sustained during warlike service in Iraq and caused an effusion and synovitis at the time of the worsening and rupture on 14 June 2018, on a background of post-traumatic osteoarthritis from the 2006 Afghanistan injury. The partial knee replacement of 12 March 2014, required because of the 2006 meniscal tear on warlike service in Afghanistan, was in place before the worsening on 14 June 2018 during warlike service in Iraq. The cyst ruptured on 14 June 2018, during warlike service in Iraq, while you were unloading 15 to 25 kg boxes from a truck by hand for three hours in 42 degree heat, an activity of about 6 METs. During warlike service in Iraq from 02 June to 25 July 2018 there was no orthopaedic care, MRI, arthroscopy or

joint aspiration, and you continued heavy lifting duties after the meniscal tear and the cyst rupture, before the cyst recurred and enlarged.

This has then led to further investigations and the diagnosis of your condition of *Popliteal Cyst (Worsening)*. I have accepted your condition of *Popliteal Cyst (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 14 June 2018.

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