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 - Prepatellar 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 5 November 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 November 2025;
- An outpatient health record by the medical officer, Training establishment, dated 14 September 2009;
- An MRI right knee by the radiologist, dated 16 September 2009;
- A dermatology consultation by the dermatologist, dated 3 March 2011;
- An outpatient health record and X-ray report by the medical officer, Garrison health centre, dated 21 November 2011;
- A role 2 procedure record by the surgeon, Afghanistan, dated 6 August 2012;
- A wound review by the medical officer, Afghanistan, dated 13 August 2012;
- A role 2 admission and microbiology report by the afghanistan, dated 19 August 2012;
- An ultrasound right knee by Role 2 facility, Afghanistan, dated 22 August 2012;
- An MRI right knee by the radiologist, dated 3 November 2012;
- A role 2 procedure record and microbiology report by the iraq, dated 25 September 2017;
- An ultrasound right knee by Role 2 facility, Iraq, dated 10 October 2017;
- An operation report and histology by the orthopaedic surgeon, dated 14 February 2018.

Your service

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

15 January 2009 and 10 February 2024

Right Knee - Prepatellar 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: Prepatellar Bursitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 November 2025, and is supported by an ultrasound right knee by Role 2 facility, Afghanistan, dated 22 August 2012.

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 rapidly increasing red, hot, tender swelling over the front of the right knee, fever and pain on kneeling and bending, with aching on the inner side of the knee on 19 August 2012.

The diagnosis was confirmed by aspiration of the prepatellar swelling on 19 August 2012, which grew Staphylococcus aureus, and by ultrasound on 22 August 2012, which showed a large complex prepatellar bursal collection extending into the superficial infrapatellar bursa. MRI on 3 November 2012 confirmed a thickened, septated prepatellar bursa and inflamed medial collateral ligament and pes anserine bursae.

This has then led to further investigations and the diagnosis of your condition of *Prepatellar Bursitis*. I have accepted your condition of *Prepatellar 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 18 August 2012.

Right Knee - Prepatellar 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 5 November 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 November 2025;
- An outpatient health record by the medical officer, Training establishment, dated 14 September 2009;
- An MRI right knee by the radiologist, dated 16 September 2009;
- A dermatology consultation by the dermatologist, dated 3 March 2011;
- An outpatient health record and X-ray report by the medical officer, Garrison health centre, dated 21 November 2011;
- A role 2 procedure record by the surgeon, Afghanistan, dated 6 August 2012;
- A wound review by the medical officer, Afghanistan, dated 13 August 2012;
- A role 2 admission and microbiology report by the afghanistan, dated 19 August 2012;
- An ultrasound right knee by Role 2 facility, Afghanistan, dated 22 August 2012;
- An MRI right knee by the radiologist, dated 3 November 2012;
- A role 2 procedure record and microbiology report by the iraq, dated 25 September 2017;
- An ultrasound right knee by Role 2 facility, Iraq, dated 10 October 2017;
- An operation report and histology by the orthopaedic surgeon, dated 14 February 2018.

Your service

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

15 January 2009 and 10 February 2024

Right Knee - Prepatellar 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: Prepatellar Bursitis (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 ultrasound right knee by Role 2 facility, Afghanistan, dated 22 August 2012.

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*
- *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*

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 rapidly increasing red, hot, tender swelling over the front of the right knee, fever and pain on kneeling and bending, with aching on the inner side of the knee on 19 August 2012.

The diagnosis was confirmed by aspiration of the prepatellar swelling on 19 August 2012, which grew Staphylococcus aureus, and by ultrasound on 22 August 2012, which showed a large complex prepatellar bursal collection extending into the superficial infrapatellar bursa. MRI on 3 November 2012 confirmed a thickened, septated prepatellar bursa and inflamed medial collateral ligament and pes anserine bursae.

After the condition arose, it was worsened during your service. On warlike service in Iraq, in the four weeks before the worsening, from 12 September 2017 to 10 October 2017, you ran an

average of about 62 kilometres a week on the base perimeter. On warlike service in Iraq, in the two months before the worsening, from 10 August 2017 to 10 October 2017, you knelt on concrete and gravel installing power distribution for about 180 hours. On warlike service in Iraq, in the two months before the worsening, you braced the inner side of the right knee against generator frames for about 80 hours. On warlike service in Iraq on 18 September 2017 you struck the front of your right knee on a steel cable drum, within the 30 days before the worsening. On warlike service in Iraq on 25 September 2017 the infected bursa was incised and drained at the role 2 facility, within the 30 days before the worsening. On warlike service in Iraq, Staphylococcus aureus was grown from the bursa on 25 September 2017. On warlike service in Iraq you were taking ciclosporin 2.5 mg/kg daily at the time of the worsening, an immunocompromised state as specified, and the bursitis was septic. Atopic dermatitis over the front of the right knee, aggravated by heat and dust on warlike service in Iraq, was active at the time of the worsening. Gout persisted, with a flare in heat on warlike service in Iraq in August 2017, at the time of the worsening. Medial compartment osteoarthritis of the right knee persisted and progressed on standing X-rays in 2017, and was present at the worsening of the medial collateral ligament bursitis on warlike service in Iraq. Valgus laxity of the medial collateral ligament persisted and was present at the worsening of the pes anserine bursitis on warlike service in Iraq. On warlike service in Afghanistan in 2012 and in Iraq in 2017 you could not obtain formal imaging or orthopaedic review, and in 2017 definitive bursectomy was deferred for four months while you continued kneeling duties, during which the bursitis became chronic and multiloculated.

This has then led to further investigations and the diagnosis of your condition of *Prepatellar Bursitis (Worsening)*. I have accepted your condition of *Prepatellar 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 10 October 2017.

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