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 - Quadriceps Fat Pad Impingement (Hoffa's 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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A deployed health record (patrol medic) by the afghanistan, dated 22 June 2010;
- An MRI right knee by the radiologist, dated 8 February 2011;
- An operation report (arthroscopic partial medial meniscectomy) by the orthopaedic surgeon, dated 14 March 2011;
- An MRI right knee by the radiologist, dated 2 September 2015;
- A pre-deployment medical examination by the medical officer, dated 15 September 2015;
- A deployed health record by the medical officer, role 1 facility, Iraq, dated 11 March 2016;
- A deployed health record by the medical officer, role 1 facility, Iraq, dated 21 March 2016;
- A deployed health record by the medical officer, role 1 facility, Iraq, dated 2 May 2016;
- An MRI right knee by the radiologist, dated 8 June 2016;
- A sports medicine consultation by the sports physician, dated 15 June 2016;
- An operation report and histopathology (arthroscopic partial fat pad resection) by the orthopaedic surgeon, dated 21 June 2017;
- An MRI right knee by the radiologist, dated 14 May 2018;
- A medical separation examination by the medical officer, dated 4 March 2021.

Your service

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

3 February 2005 and 19 June 2021

Right Knee - Quadriceps Fat Pad Impingement (Hoffa's Syndrome)

You have stated that your condition was caused by:

- *having a direct blow or other blunt trauma to the infrapatellar region of the affected knee within the 4 weeks before the clinical onset of infrapatellar fat pad impingement*
- *kneeling on the affected knee for an average of at least 2 hours per day on at least 4 days per week for at least the 4 weeks before the clinical onset of infrapatellar fat pad impingement*
- *undergoing arthroscopy or open surgery of the affected knee, where the surgical approach passed through or involved the infrapatellar fat pad, before the clinical onset of infrapatellar fat pad impingement*
- *having repetitive forced hyperextension of the affected knee on at least 20 days within the 3 months before the clinical onset of infrapatellar fat pad impingement*
- *having ligamentous laxity of the affected knee permitting hyperextension, including laxity following an anterior cruciate ligament injury, at the time of the clinical onset of infrapatellar fat pad impingement*
- *having patellofemoral maltracking or patellar malalignment of the affected knee at the time of the clinical onset of infrapatellar fat pad impingement*
- *having osteoarthritis or synovitis of the affected knee at the time of the clinical onset of infrapatellar fat pad impingement*
- *carrying loads of at least 20 kilograms while walking or marching for a cumulative total of at least 100 hours within the 3 months before the clinical onset of infrapatellar fat pad impingement*
- *being obese at the time of the clinical onset of infrapatellar fat pad impingement*
- *having a tear of a meniscus of the affected knee before the clinical onset of infrapatellar fat pad impingement*

Diagnosis: Quadriceps Fat Pad Impingement (Hoffa's Syndrome)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a deployed health record by the medical officer, role 1 facility, Iraq, dated 21 March 2016.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having a direct blow or other blunt trauma to the infrapatellar region of the affected knee within the 4 weeks before the clinical onset of infrapatellar fat pad impingement*
- *kneeling on the affected knee for an average of at least 2 hours per day on at least 4 days per week for at least the 4 weeks before the clinical onset of infrapatellar fat pad impingement*
- *undergoing arthroscopy or open surgery of the affected knee, where the surgical approach passed through or involved the infrapatellar fat pad, before the clinical onset of infrapatellar fat pad impingement*
- *having repetitive forced hyperextension of the affected knee on at least 20 days within the 3 months before the clinical onset of infrapatellar fat pad impingement*
- *having ligamentous laxity of the affected knee permitting hyperextension, including laxity following an anterior cruciate ligament injury, at the time of the clinical onset of infrapatellar fat pad impingement*
- *having patellofemoral maltracking or patellar malalignment of the affected knee at the time of the clinical onset of infrapatellar fat pad impingement*
- *having osteoarthritis or synovitis of the affected knee at the time of the clinical onset of infrapatellar fat pad impingement*
- *carrying loads of at least 20 kilograms while walking or marching for a cumulative total of at least 100 hours within the 3 months before the clinical onset of infrapatellar fat pad impingement*
- *being obese at the time of the clinical onset of infrapatellar fat pad impingement*
- *having a tear of a meniscus of the affected knee before the clinical onset of infrapatellar fat pad impingement*

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, localised pain just below and either side of the right kneecap, puffy swelling either side of the patellar tendon and pain when the knee was fully straightened, when kneeling, when standing with the knee locked and when going down steps on 21 March 2016.

The diagnosis was made clinically on 21 March 2016 by a medical officer, who recorded sharp pain localised below and either side of the patellar tendon, infrapatellar swelling, pain on terminal extension and a positive Hoffa's test, with no joint line tenderness, stable ligaments and no patellar tendon tenderness. These findings distinguish fat pad impingement from patellar tendinopathy, meniscal tear and patellofemoral pain.

This has then led to further investigations and the diagnosis of your condition of *Quadriceps Fat Pad Impingement (Hoffa's Syndrome)*. I have accepted your condition of *Quadriceps Fat Pad Impingement (Hoffa's Syndrome)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 March 2016.

Right Knee - Quadriceps Fat Pad Impingement (Hoffa's 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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A deployed health record (patrol medic) by the afghanistan, dated 22 June 2010;
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- An operation report and histopathology (arthroscopic partial fat pad resection) by the orthopaedic surgeon, dated 21 June 2017;
- An MRI right knee by the radiologist, dated 14 May 2018;
- A medical separation examination by the medical officer, dated 4 March 2021.

Your service

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

3 February 2005 and 19 June 2021

Right Knee - Quadriceps Fat Pad Impingement (Hoffa's Syndrome) (Worsening)

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

- *kneeling on the affected knee for an average of at least 2 hours per day on at least 4 days per week for at least the 4 weeks before the clinical worsening of infrapatellar fat pad impingement*
- *having repetitive forced hyperextension of the affected knee or carrying loads of at least 20 kilograms while walking or marching for a cumulative total of at least 40 hours within the 4 weeks before the clinical worsening of infrapatellar fat pad impingement*
- *having a direct blow or other blunt trauma to the infrapatellar region of the affected knee within the 4 weeks before the clinical worsening of infrapatellar fat pad impingement*
- *inability to obtain appropriate clinical management for infrapatellar fat pad impingement*

Diagnosis: Quadriceps Fat Pad Impingement (Hoffa's Syndrome) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a deployed health record by the medical officer, role 1 facility, Iraq, dated 21 March 2016.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *kneeling on the affected knee for an average of at least 2 hours per day on at least 4 days per week for at least the 4 weeks before the clinical worsening of infrapatellar fat pad impingement*
- *having repetitive forced hyperextension of the affected knee or carrying loads of at least 20 kilograms while walking or marching for a cumulative total of at least 40 hours within the 4 weeks before the clinical worsening of infrapatellar fat pad impingement*
- *having a direct blow or other blunt trauma to the infrapatellar region of the affected knee within the 4 weeks before the clinical worsening of infrapatellar fat pad impingement*
- *inability to obtain appropriate clinical management for infrapatellar fat pad impingement*

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, localised pain just below and either side of the right kneecap, puffy swelling either side of the patellar tendon and pain when the knee was fully straightened, when kneeling, when standing with the knee locked and when going down steps on 21 March 2016.

The diagnosis was made clinically on 21 March 2016 by a medical officer, who recorded sharp pain localised below and either side of the patellar tendon, infrapatellar swelling, pain on

terminal extension and a positive Hoffa's test, with no joint line tenderness, stable ligaments and no patellar tendon tenderness. These findings distinguish fat pad impingement from patellar tendinopathy, meniscal tear and patellofemoral pain.

After the condition arose, it was worsened during your service. Because no other instructor was available, you continued range instruction in Iraq, kneeling for about three hours a day, six days a week, throughout the 4 weeks before the worsening, from 4 April 2016 to 2 May 2016, on warlike service. Between 4 April 2016 and 2 May 2016 you carried full fighting load of about 32 kilograms on security patrols for about 50 hours and jumped from vehicle tailgates on most duty days, as recorded in the patrol log, on warlike service in Iraq. On 26 April 2016 you slipped on a concrete step at the training base and landed on the front of your right knee. After the diagnosis on 21 March 2016 the medical officer recommended rest from kneeling, but operational staffing did not allow it, and physiotherapy, taping, ultrasound and MRI were not available at the training base.

This has then led to further investigations and the diagnosis of your condition of *Quadriceps Fat Pad Impingement (Hoffa's Syndrome) (Worsening)*. I have accepted your condition of *Quadriceps Fat Pad Impingement (Hoffa's Syndrome) (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 2 May 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.