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 - Sprain

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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A pre-deployment medical examination by the medical officer, dated 12 March 2008;
- A patrol report and deployed health record by the patrol medic, Afghanistan, dated 14 July 2008;
- A deployed health record by the medical officer, patrol base, Afghanistan, dated 16 July 2008;
- A deployed health record by the patrol medic, Afghanistan, dated 30 August 2008;
- A deployed health record by the medical officer, patrol base, Afghanistan, dated 2 September 2008;
- An MRI right knee by the radiologist, dated 10 December 2008;
- A sports medicine consultation by the sports physician, dated 17 December 2008;
- An X-ray right knee and outpatient review by the radiologist and medical officer, dated 21 June 2010;
- A separation medical examination by the medical officer, dated 18 September 2014.

Your service

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

11 July 2003 and 6 November 2014

Right Knee - Sprain

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a deployed health record by the medical officer, patrol base, Afghanistan, dated 16 July 2008.

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

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

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 immediate tearing pain on the inner side of the right knee, swelling and bruising over the medial knee within two hours, pain behind the inner knee on bending against resistance, and pain and instability on twisting and walking on uneven ground on 14 July 2008.

The diagnosis was made clinically on 16 July 2008 by a medical officer, who recorded medial knee swelling and bruising, tenderness along the medial collateral ligament, pain and 5 mm of medial opening on valgus stress at 30 degrees with a firm end point, and negative cruciate ligament tests, consistent with a grade II medial collateral ligament sprain. Tenderness over the semimembranosus tendon with pain on resisted flexion confirmed the concurrent strain.

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

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 14 July 2008.

Right Knee - Sprain (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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A pre-deployment medical examination by the medical officer, dated 12 March 2008;
- A patrol report and deployed health record by the patrol medic, Afghanistan, dated 14 July 2008;
- A deployed health record by the medical officer, patrol base, Afghanistan, dated 16 July 2008;
- A deployed health record by the patrol medic, Afghanistan, dated 30 August 2008;
- A deployed health record by the medical officer, patrol base, Afghanistan, dated 2 September 2008;
- An MRI right knee by the radiologist, dated 10 December 2008;
- A sports medicine consultation by the sports physician, dated 17 December 2008;
- An X-ray right knee and outpatient review by the radiologist and medical officer, dated 21 June 2010;
- A separation medical examination by the medical officer, dated 18 September 2014.

Your service

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

11 July 2003 and 6 November 2014

Right Knee - Sprain (Worsening)

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

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a deployed health record by the medical officer, patrol base, Afghanistan, dated 16 July 2008.

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

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

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 immediate tearing pain on the inner side of the right knee, swelling and bruising over the medial knee within two hours, pain behind the inner knee on bending against resistance, and pain and instability on twisting and walking on uneven ground on 14 July 2008.

The diagnosis was made clinically on 16 July 2008 by a medical officer, who recorded medial knee swelling and bruising, tenderness along the medial collateral ligament, pain and 5 mm of medial opening on valgus stress at 30 degrees with a firm end point, and negative cruciate ligament tests, consistent with a grade II medial collateral ligament sprain. Tenderness over the semimembranosus tendon with pain on resisted flexion confirmed the concurrent strain.

After the condition arose, it was worsened during your service. The fall on loose scree with a 38-kilogram load on 30 August 2008 occurred on patrol on warlike service in Afghanistan. The uphill sprint to cover on 30 August 2008 was made under enemy fire on warlike service in Afghanistan. On warlike service in Afghanistan no hinged brace, physiotherapy or imaging was available at the patrol base after the diagnosis on 16 July 2008, and operational shortages of signallers returned you to patrol duties on an unprotected knee.

This has then led to further investigations and the diagnosis of your condition of *Sprain (Worsening)*. I have accepted your condition of *Sprain (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 30 August 2008.

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.