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 - Strain

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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 May 2025;
- A pre-deployment medical examination by the medical officer, dated 14 April 2012;
- A deployed health record by the medic, Afghanistan, dated 9 September 2012;
- A deployed health record and ultrasound report by the medical officer, role 2 facility, Afghanistan, dated 11 September 2012;
- An ultrasound right thigh and sports medicine consultation by the radiologist and sports physician, dated 20 March 2013;
- A deployed health record by the medical officer, role 1 facility, Iraq, dated 18 June 2017;
- A deployed health record by the medical officer, role 1 facility, Iraq, dated 22 July 2017;
- An MRI right knee and distal thigh by the radiologist, dated 3 October 2017;
- An orthopaedic consultation by the orthopaedic surgeon, dated 17 October 2017;
- A separation medical examination by the medical officer, dated 12 August 2020.

Your service

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

12 January 2007 and 30 September 2020

Right Knee - Strain

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: Strain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 May 2025, and is supported by a deployed health record and ultrasound report by the medical officer, role 2 facility, Afghanistan, dated 11 September 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 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 sudden tearing pain above and on the inner side of the right kneecap, rapid swelling and bruising over the lower vastus medialis, weakness and pain on straightening the knee against resistance, and a feeling that the kneecap was unstable on 11 September 2012.

The diagnosis was made on 11 September 2012 by a medical officer at the role 2 facility, who recorded bruising and a tender swelling over the lower vastus medialis, pain on resisted knee extension and a palpable defect at the musculotendinous junction, and by ultrasound the same day, which showed a grade II strain of vastus medialis obliquus with fibre disruption and a haematoma. Tenderness along the medial patellar border, patellar apprehension and ultrasound thickening of the medial patellofemoral ligament confirmed the concurrent sprain.

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

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 9 September 2012.

Right Knee - Strain (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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 May 2025;
- A pre-deployment medical examination by the medical officer, dated 14 April 2012;
- A deployed health record by the medic, Afghanistan, dated 9 September 2012;
- A deployed health record and ultrasound report by the medical officer, role 2 facility, Afghanistan, dated 11 September 2012;
- An ultrasound right thigh and sports medicine consultation by the radiologist and sports physician, dated 20 March 2013;
- A deployed health record by the medical officer, role 1 facility, Iraq, dated 18 June 2017;
- A deployed health record by the medical officer, role 1 facility, Iraq, dated 22 July 2017;
- An MRI right knee and distal thigh by the radiologist, dated 3 October 2017;
- An orthopaedic consultation by the orthopaedic surgeon, dated 17 October 2017;
- A separation medical examination by the medical officer, dated 12 August 2020.

Your service

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

12 January 2007 and 30 September 2020

Right Knee - Strain (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: Strain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 May 2025, and is supported by a deployed health record and ultrasound report by the medical officer, role 2 facility, Afghanistan, dated 11 September 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 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 sudden tearing pain above and on the inner side of the right kneecap, rapid swelling and bruising over the lower vastus medialis, weakness and pain on straightening the knee against resistance, and a feeling that the kneecap was unstable on 11 September 2012.

The diagnosis was made on 11 September 2012 by a medical officer at the role 2 facility, who recorded bruising and a tender swelling over the lower vastus medialis, pain on resisted knee extension and a palpable defect at the musculotendinous junction, and by ultrasound the same day, which showed a grade II strain of vastus medialis obliquus with fibre disruption and a haematoma. Tenderness along the medial patellar border, patellar apprehension and ultrasound thickening of the medial patellofemoral ligament confirmed the concurrent sprain.

After the condition arose, it was worsened during your service. The slip and twisting fall during a sprint and agility assessment you were running on 18 June 2017 occurred on warlike service in Iraq, on gravel in a dust storm. The maximal sprint and the forceful contraction of the quadriceps as you slipped occurred on warlike service in Iraq on 18 June 2017. On warlike service in Afghanistan in September 2012 there was no physiotherapist at the base for three weeks after the strain, and on warlike service in Iraq from June to September 2017 there was no ultrasound and only fortnightly physiotherapy after the re-injury.

This has then led to further investigations and the diagnosis of your condition of *Strain (Worsening)*. I have accepted your condition of *Strain (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 18 June 2017.

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