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 Shoulder - Acromioclavicular Joint Dislocation

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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A trauma admission by the CT and operation report, Orthopaedic surgeon, dated 14 June 2005;
- An outpatient health record and X-ray right acromioclavicular joint by the medical officer, Garrison health centre, dated 22 August 2007;
- A trauma admission and CT report by Role 3 hospital, Afghanistan, dated 12 July 2008;
- A neurology consultation and EEG by the neurologist, dated 2 February 2010;
- An operation report and MRI lumbar spine by the orthopaedic surgeon, dated 17 August 2016;
- An operation report and X-rays right shoulder and right knee by the orthopaedic surgeon, dated 9 May 2017;
- A neurology review by the neurologist, dated 18 January 2019;
- An emergency department record by the x-rays and pathology, Emergency physician, dated 3 March 2019;
- An MRI right shoulder by the radiologist, dated 7 March 2019;
- An orthopaedic consultation by the orthopaedic shoulder surgeon, dated 11 March 2019;
- An antenatal ultrasound by the obstetrician, dated 19 March 2019;
- An operation report by the orthopaedic shoulder surgeon, dated 24 February 2020.

Your service

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

19 January 1998 and 20 November 2013

Right Shoulder - Acromioclavicular Joint Dislocation

You have stated that your condition was caused by:

- *having physical trauma to the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having damage to a soft tissue structure as specified at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a fracture, avulsion or bony abnormality involving the articulating surfaces of the affected joint, at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *being pregnant within the six weeks before the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a temporomandibular joint or subluxation of a temporomandibular joint only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a patellofemoral joint only, being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a tibiofemoral joint or subluxation of a tibiofemoral joint only, being severely obese at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a total hip joint prosthesis only: being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total hip joint prosthesis only: having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total knee joint prosthesis only, having morbid obesity at the time of the clinical onset of dislocation of a joint*

Diagnosis: Acromioclavicular Joint Dislocation

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by an emergency department record by the x-rays and pathology, Emergency physician, dated 3 March 2019.

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

Statement of Principles concerning Dislocation of a Joint and Subluxation of a Joint (Reasonable Hypothesis) (No. 55 of 2019)

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

I am satisfied that you have met the following factor:

- *having physical trauma to the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having damage to a soft tissue structure as specified at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a fracture, avulsion or bony abnormality involving the articulating surfaces of the affected joint, at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *having a disease process as specified affecting the normal structural or functional relationship between the articulating surfaces of the affected joint at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *being pregnant within the six weeks before the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a temporomandibular joint or subluxation of a temporomandibular joint only, undertaking an activity or undergoing a medical procedure that involves wide opening of the mouth at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a patellofemoral joint only, being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a tibiofemoral joint or subluxation of a tibiofemoral joint only, being severely obese at the time of the clinical onset of dislocation of a joint or subluxation of a joint*
- *for dislocation of a total hip joint prosthesis only: being obese at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total hip joint prosthesis only: having lumbar spondylosis, lumbar intervertebral disc prolapse, lumbar spondylolisthesis, lumbar spinal stenosis or lumbar spinal fusion at the time of the clinical onset of dislocation of a joint*
- *for dislocation of a total knee joint prosthesis only, having morbid obesity at the time of the clinical onset of dislocation of a joint*

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 severe right shoulder pain, a prominent bump at the top of the shoulder where the clavicle had displaced upwards, and inability to lift the arm on 3 March 2019.

The diagnosis was confirmed on X-ray on 3 March 2019, which showed complete superior displacement of the clavicle relative to the acromion with loss of contact between the articulating surfaces, and a coracoclavicular distance of 210 per cent of the uninjured side. MRI on 7 March 2019 confirmed complete rupture of the acromioclavicular and coracoclavicular ligaments with detachment of the deltoid and trapezius from the distal clavicle.

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

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 3 March 2019.

Right Shoulder - Acromioclavicular Joint Dislocation (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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A trauma admission by the CT and operation report, Orthopaedic surgeon, dated 14 June 2005;
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- An antenatal ultrasound by the obstetrician, dated 19 March 2019;
- An operation report by the orthopaedic shoulder surgeon, dated 24 February 2020.

Your service

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

19 January 1998 and 20 November 2013

Right Shoulder - Acromioclavicular Joint Dislocation (Worsening)

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

- *inability to obtain appropriate clinical management for dislocation of a joint or subluxation of a joint*

Diagnosis: Acromioclavicular Joint Dislocation (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by an emergency department record by the x-rays and pathology, Emergency physician, dated 3 March 2019.

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

Statement of Principles concerning Dislocation of a Joint and Subluxation of a Joint (Reasonable Hypothesis) (No. 55 of 2019)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for dislocation of a joint or subluxation of a joint*

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 severe right shoulder pain, a prominent bump at the top of the shoulder where the clavicle had displaced upwards, and inability to lift the arm on 3 March 2019.

The diagnosis was confirmed on X-ray on 3 March 2019, which showed complete superior displacement of the clavicle relative to the acromion with loss of contact between the articulating surfaces, and a coracoclavicular distance of 210 per cent of the uninjured side. MRI on 7 March 2019 confirmed complete rupture of the acromioclavicular and coracoclavicular ligaments with detachment of the deltoid and trapezius from the distal clavicle.

After the condition arose, it was worsened during your service. Reconstruction of the type V dislocation was deferred because of pregnancy and the anaesthetic risk from your warlike service-related epilepsy and obesity, and funding approval took a further four months after delivery.

This has then led to further investigations and the diagnosis of your condition of *Acromioclavicular Joint Dislocation (Worsening)*. I have accepted your condition of *Acromioclavicular Joint Dislocation (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 3 March 2019.

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