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 - Biceps Tendon 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 19 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 May 2025;
- A pre-deployment medical examination by the medical officer, dated 10 January 2011;
- A primary health care record by the regimental medical officer, patrol base, Afghanistan, dated 7 June 2011;
- A primary health care record by the regimental medical officer, patrol base, Afghanistan, dated 19 July 2011;
- An ultrasound right shoulder report by the radiologist, dated 4 November 2011;
- A sports medicine consultation by the sports physician, dated 4 November 2011;
- A periodic health examination by the medical officer, Garrison health centre, dated 22 August 2013;
- A primary health care record by the medical officer, role 1 facility, Iraq, dated 14 March 2017;
- An MRI right shoulder report by the radiologist, dated 30 June 2017;
- An orthopaedic consultation by the orthopaedic surgeon, dated 18 July 2017;
- An operation report (biceps tenodesis) by the orthopaedic surgeon, dated 12 October 2017;
- A medical employment classification review by the senior medical officer, dated 3 March 2020.

Your service

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

14 January 2006 and 9 October 2020

Right Shoulder - Biceps Tendon 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: Biceps Tendon Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 May 2025, and is supported by an ultrasound right shoulder report by the radiologist, dated 4 November 2011.

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 a sudden pop and sharp pain at the front of the right shoulder, tenderness over the bicipital groove, pain on lifting, on resisted elbow flexion and on turning the forearm palm-up, and a painful click on reaching overhead on 7 June 2011.

The diagnosis is based on a clear mechanism of injury, the immediate onset of anterior shoulder pain and tenderness over the bicipital groove within 24 hours, positive Speed's and Yergason's tests and pain on resisted supination recorded by the medical officer on 7 June 2011, and ultrasound on 4 November 2011 showing a partial-thickness interstitial tear of the long head of biceps tendon with tenosynovitis and partial tearing of the biceps pulley. These findings meet the Statement of Principles definitions of a sprain (tearing or stretching of joint ligaments) and a strain (tearing or stretching of a tendon), each with pain and tenderness within 24 hours.

This has then led to further investigations and the diagnosis of your condition of *Biceps Tendon Sprain*. I have accepted your condition of *Biceps Tendon 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 7 June 2011.

Right Shoulder - Biceps Tendon 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 19 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 May 2025;
- A pre-deployment medical examination by the medical officer, dated 10 January 2011;
- A primary health care record by the regimental medical officer, patrol base, Afghanistan, dated 7 June 2011;
- A primary health care record by the regimental medical officer, patrol base, Afghanistan, dated 19 July 2011;
- An ultrasound right shoulder report by the radiologist, dated 4 November 2011;
- A sports medicine consultation by the sports physician, dated 4 November 2011;
- A periodic health examination by the medical officer, Garrison health centre, dated 22 August 2013;
- A primary health care record by the medical officer, role 1 facility, Iraq, dated 14 March 2017;
- An MRI right shoulder report by the radiologist, dated 30 June 2017;
- An orthopaedic consultation by the orthopaedic surgeon, dated 18 July 2017;
- An operation report (biceps tenodesis) by the orthopaedic surgeon, dated 12 October 2017;
- A medical employment classification review by the senior medical officer, dated 3 March 2020.

Your service

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

14 January 2006 and 9 October 2020

Right Shoulder - Biceps Tendon 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: Biceps Tendon Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 May 2025, and is supported by an ultrasound right shoulder report by the radiologist, dated 4 November 2011.

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 a sudden pop and sharp pain at the front of the right shoulder, tenderness over the bicipital groove, pain on lifting, on resisted elbow flexion and on turning the forearm palm-up, and a painful click on reaching overhead on 7 June 2011.

The diagnosis is based on a clear mechanism of injury, the immediate onset of anterior shoulder pain and tenderness over the bicipital groove within 24 hours, positive Speed's and Yergason's tests and pain on resisted supination recorded by the medical officer on 7 June 2011, and ultrasound on 4 November 2011 showing a partial-thickness interstitial tear of the long head of biceps tendon with tenosynovitis and partial tearing of the biceps pulley. These findings meet the Statement of Principles definitions of a sprain (tearing or stretching of joint ligaments) and a strain (tearing or stretching of a tendon), each with pain and tenderness within 24 hours.

After the condition arose, it was worsened during your service. On warlike service in Iraq on 14 March 2017 you took the full weight of a 90-kilogram casualty mannequin through your right arm when it jammed on a ramp during casualty extraction training. In the same event on warlike service in Iraq on 14 March 2017 the damaged long head of biceps was forcibly stretched under high-intensity contraction, and MRI on 30 June 2017 showed progression to a longitudinal split tear of about half the tendon thickness, a clinical worsening of the strain. On warlike service in

Afghanistan from June to October 2011, and in Iraq from March to May 2017, you could not obtain imaging, physiotherapy or orthopaedic care for the right shoulder and was required to continue operational duties.

This has then led to further investigations and the diagnosis of your condition of *Biceps Tendon Sprain (Worsening)*. I have accepted your condition of *Biceps Tendon 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 14 March 2017.

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