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 - 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 21 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 January 2025;
- A pre-deployment medical examination by the medical officer, dated 14 January 2012;
- A patrol casualty record by the combat medic, dated 3 July 2012;
- A deployed health record and ultrasound by Role 2 facility, dated 6 July 2012;
- A deployed health record by the medical officer, Forward operating base, dated 20 August 2012;
- An MRI right shoulder and sports medicine consultation by the radiologist and sports physician, dated 12 March 2013;
- A deployed health record by the medical officer, Iraq, dated 19 September 2016;
- An ultrasound right shoulder by Role 2 facility, dated 28 September 2016;
- An MRI right shoulder by the radiologist, dated 14 February 2017.

Your service

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

11 February 2005 and 30 September 2020

Right Shoulder - 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 21 January 2025, and is supported by a deployed health record and ultrasound by Role 2 facility, dated 6 July 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 at the back of the right shoulder and over the acromioclavicular joint, bruising, pain on reaching across your body and on external rotation, and difficulty holding the leash on 3 July 2012.

The diagnosis was made clinically at the role 2 facility on 6 July 2012 on the basis of the mechanism of injury, immediate tearing pain, bruising, tenderness of the posterior cuff muscles and deltoid, pain on resisted external rotation and acromioclavicular joint tenderness with a positive cross-body adduction test. Ultrasound that day confirmed a partial muscle tear with haematoma and acromioclavicular joint effusion. This meets the Statement of Principles definition of a strain, with a sprain of the acromioclavicular joint.

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 3 July 2012.

Right Shoulder - 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 21 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 January 2025;
- A pre-deployment medical examination by the medical officer, dated 14 January 2012;
- A patrol casualty record by the combat medic, dated 3 July 2012;
- A deployed health record and ultrasound by Role 2 facility, dated 6 July 2012;
- A deployed health record by the medical officer, Forward operating base, dated 20 August 2012;
- An MRI right shoulder and sports medicine consultation by the radiologist and sports physician, dated 12 March 2013;
- A deployed health record by the medical officer, Iraq, dated 19 September 2016;
- An ultrasound right shoulder by Role 2 facility, dated 28 September 2016;
- An MRI right shoulder by the radiologist, dated 14 February 2017.

Your service

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

11 February 2005 and 30 September 2020

Right Shoulder - 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 21 January 2025, and is supported by a deployed health record and ultrasound by Role 2 facility, dated 6 July 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 at the back of the right shoulder and over the acromioclavicular joint, bruising, pain on reaching across your body and on external rotation, and difficulty holding the leash on 3 July 2012.

The diagnosis was made clinically at the role 2 facility on 6 July 2012 on the basis of the mechanism of injury, immediate tearing pain, bruising, tenderness of the posterior cuff muscles and deltoid, pain on resisted external rotation and acromioclavicular joint tenderness with a positive cross-body adduction test. Ultrasound that day confirmed a partial muscle tear with haematoma and acromioclavicular joint effusion. This meets the Statement of Principles definition of a strain, with a sprain of the acromioclavicular joint.

After the condition arose, it was worsened during your service. On warlike service in Iraq on 19 September 2016 the dog's lunge during a checkpoint vehicle search applied a significant force through the right acromioclavicular joint, with a new effusion on ultrasound on 28 September 2016, at the time of the worsening. The same lunge on warlike service in Iraq on 19 September 2016 forcefully stretched the infraspinatus and posterior deltoid, producing the new 2 cm partial-thickness tear confirmed on ultrasound on 28 September 2016, at the time of the worsening. On warlike service in Afghanistan in 2012 you had no regular physiotherapy and no MRI, and you completed your tour on modified handling duties.

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 19 September 2016.

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