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 Temporomandibular Joint Dysfunction

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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 May 2025;
- An outpatient health record and dental record by the medical officer and dental officer, dated 9 August 2005;
- A psychiatric assessment by the consultant psychiatrist, dated 14 October 2005;
- A specialist consultation by the rheumatologist, dated 22 November 2005;
- A diving medical examination by the underwater medicine officer, dated 6 January 2006;
- A role 3 hospital discharge summary (coalition hospital) dated 25 April 2006;
- A ship's medical and dental records by the medical officer and dental officer, dated 2 May 2006;
- A ship's dental record and orthopantomogram by the dental officer, dated 10 May 2006;
- A ship's medical record by the medical officer, dated 22 May 2006;
- An MRI temporomandibular joint report by the radiologist, dated 3 August 2006;
- A specialist consultation by the oral and maxillofacial surgeon, dated 3 August 2006;
- A specialist consultation by the neurologist, dated 19 October 2009;
- A psychiatric review by the consultant psychiatrist, dated 7 September 2010;
- A role 3 hospital discharge summary (coalition hospital) dated 28 June 2011;
- A dental surgery record (coalition dental surgeon) dated 5 July 2011;
- A deployed treatment record by the medical officer, dated 14 July 2011;
- A CT and MRI temporomandibular joints report by the radiologist, dated 2 August 2011;
- An arthrocentesis procedure report by the oral and maxillofacial surgeon, dated 20 September 2011.

Your service

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

13 January 1997 and 26 November 2014

Right Temporomandibular Joint Dysfunction

You have stated that your condition was caused by:

- *having a specified joint disease involving the affected temporomandibular joint, at the time of the clinical onset of temporomandibular disorder*
- *having a specified maxillofacial disease involving the affected masticatory muscles and associated structures of the masticatory system, at the time of the clinical onset of temporomandibular disorder*
- *having an infection as specified of the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, at the time of the clinical onset of temporomandibular disorder*
- *having orofacial dyskinesia or oromandibular dystonia at the time of the clinical onset of temporomandibular disorder*
- *having acute trauma to the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, within the 30 days before the clinical onset of temporomandibular disorder*
- *having a sudden cervical flexion-extension (whiplash) injury requiring hospitalisation, within the 30 days before the clinical onset of temporomandibular disorder*
- *having bruxism at the time of the clinical onset of temporomandibular disorder*
- *having fibromyalgia at the time of the clinical onset of temporomandibular disorder*
- *having a clinically significant disorder of mental health as specified, within the one year before the clinical onset of temporomandibular disorder*
- *smoking at least two pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of temporomandibular disorder, and: (a) smoking commenced at least one year before the clinical onset of temporomandibular disorder; and (b) where smoking has ceased, the clinical onset of temporomandibular disorder has occurred within three months of cessation*
- *undertaking scuba diving: (a) for a cumulative period of at least 200 hours within a continuous period of six months before the clinical onset of temporomandibular disorder; and (b) where this activity has ceased, the clinical onset of temporomandibular disorder has occurred within 30 days of cessation*
- *undertaking an activity involving supporting or holding a tool, device or instrument in a position involving prolonged flexion of the head and shoulder: (a) for a cumulative period of at least 500 hours within a continuous period of six months before the clinical onset of*

temporomandibular disorder; and (b) where this activity has ceased, the clinical onset of temporomandibular disorder has occurred within 30 days of cessation

Diagnosis: Right Temporomandibular Joint Dysfunction

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 May 2025, and is supported by an MRI temporomandibular joint report by the radiologist, dated 3 August 2006.

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

Statement of Principles concerning Temporomandibular Disorder (Reasonable Hypothesis) (No. 47 of 2018)

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

I am satisfied that you have met the following factor:

- *having a specified joint disease involving the affected temporomandibular joint, at the time of the clinical onset of temporomandibular disorder*
- *having a specified maxillofacial disease involving the affected masticatory muscles and associated structures of the masticatory system, at the time of the clinical onset of temporomandibular disorder*
- *having an infection as specified of the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, at the time of the clinical onset of temporomandibular disorder*
- *having orofacial dyskinesia or oromandibular dystonia at the time of the clinical onset of temporomandibular disorder*
- *having acute trauma to the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, within the 30 days before the clinical onset of temporomandibular disorder*
- *having a sudden cervical flexion-extension (whiplash) injury requiring hospitalisation, within the 30 days before the clinical onset of temporomandibular disorder*
- *having bruxism at the time of the clinical onset of temporomandibular disorder*
- *having fibromyalgia at the time of the clinical onset of temporomandibular disorder*
- *having a clinically significant disorder of mental health as specified, within the one year before the clinical onset of temporomandibular disorder*
- *smoking at least two pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of temporomandibular disorder, and: (a) smoking commenced at least one year before the clinical onset of temporomandibular disorder; and (b) where smoking has ceased, the clinical onset of temporomandibular disorder has occurred within three months of cessation*

- *undertaking scuba diving: (a) for a cumulative period of at least 200 hours within a continuous period of six months before the clinical onset of temporomandibular disorder; and (b) where this activity has ceased, the clinical onset of temporomandibular disorder has occurred within 30 days of cessation*
- *undertaking an activity involving supporting or holding a tool, device or instrument in a position involving prolonged flexion of the head and shoulder: (a) for a cumulative period of at least 500 hours within a continuous period of six months before the clinical onset of temporomandibular disorder; and (b) where this activity has ceased, the clinical onset of temporomandibular disorder has occurred within 30 days of cessation*

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 aching pain in front of the right ear radiating into the temple and angle of the jaw, a painful click on opening, deviation of the jaw to the right, pain on chewing and on gripping your diving mouthpiece, and morning jaw stiffness on 22 May 2006.

The diagnosis was made clinically on 22 May 2006 from right preauricular pain, tenderness of the joint and masseter, a reciprocal click and deviated, reduced opening, and was confirmed by an oral and maxillofacial surgeon on 3 August 2006 with MRI showing anterior disc displacement with reduction and a joint effusion. This meets the Statement of Principles definition of temporomandibular disorder, a disorder of the temporomandibular joint, masticatory muscles and associated structures causing pain and dysfunction.

This has then led to further investigations and the diagnosis of your condition of *Right Temporomandibular Joint Dysfunction*. I have accepted your condition of *Right Temporomandibular Joint Dysfunction*.

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 18 May 2006.

Right Temporomandibular Joint Dysfunction (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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 May 2025;
- An outpatient health record and dental record by the medical officer and dental officer, dated 9 August 2005;
- A psychiatric assessment by the consultant psychiatrist, dated 14 October 2005;
- A specialist consultation by the rheumatologist, dated 22 November 2005;
- A diving medical examination by the underwater medicine officer, dated 6 January 2006;
- A role 3 hospital discharge summary (coalition hospital) dated 25 April 2006;
- A ship's medical and dental records by the medical officer and dental officer, dated 2 May 2006;
- A ship's dental record and orthopantomogram by the dental officer, dated 10 May 2006;
- A ship's medical record by the medical officer, dated 22 May 2006;
- An MRI temporomandibular joint report by the radiologist, dated 3 August 2006;
- A specialist consultation by the oral and maxillofacial surgeon, dated 3 August 2006;
- A specialist consultation by the neurologist, dated 19 October 2009;
- A psychiatric review by the consultant psychiatrist, dated 7 September 2010;
- A role 3 hospital discharge summary (coalition hospital) dated 28 June 2011;
- A dental surgery record (coalition dental surgeon) dated 5 July 2011;
- A deployed treatment record by the medical officer, dated 14 July 2011;
- A CT and MRI temporomandibular joints report by the radiologist, dated 2 August 2011;
- An arthrocentesis procedure report by the oral and maxillofacial surgeon, dated 20 September 2011.

Your service

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

13 January 1997 and 26 November 2014

Right Temporomandibular Joint Dysfunction (Worsening)

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

- *having a specified joint disease involving the affected temporomandibular joint, at the time of the clinical worsening of temporomandibular disorder*
- *having a specified maxillofacial disease involving the affected masticatory muscles and associated structures of the masticatory system, at the time of the clinical worsening of temporomandibular disorder*
- *having an infection as specified of the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, at the time of the clinical worsening of temporomandibular disorder*
- *having orofacial dyskinesia or oromandibular dystonia at the time of the clinical worsening of temporomandibular disorder*
- *having acute trauma to the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, within the 30 days before the clinical worsening of temporomandibular disorder*
- *having a sudden cervical flexion-extension (whiplash) injury requiring hospitalisation, within the 30 days before the clinical worsening of temporomandibular disorder*
- *having bruxism at the time of the clinical worsening of temporomandibular disorder*
- *having fibromyalgia at the time of the clinical worsening of temporomandibular disorder*
- *having a clinically significant disorder of mental health as specified, within the one year before the clinical worsening of temporomandibular disorder*
- *smoking at least two pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of temporomandibular disorder, and: (a) smoking commenced at least one year before the clinical worsening of temporomandibular disorder; and (b) where smoking has ceased, the clinical worsening of temporomandibular disorder has occurred within three months of cessation*
- *undertaking scuba diving: (a) for a cumulative period of at least 200 hours within a continuous period of six months before the clinical worsening of temporomandibular disorder; and (b) where this activity has ceased, the clinical worsening of temporomandibular disorder has occurred within 30 days of cessation*
- *undertaking an activity involving supporting or holding a tool, device or instrument in a position involving prolonged flexion of the head and shoulder: (a) for a cumulative period of at least 500 hours within a continuous period of six months before the clinical worsening of temporomandibular disorder; and (b) where this activity has ceased, the clinical worsening of temporomandibular disorder has occurred within 30 days of cessation*
- *inability to obtain appropriate clinical management for temporomandibular disorder*

Diagnosis: Right Temporomandibular Joint Dysfunction (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 May 2025, and is supported by an MRI temporomandibular joint report by the radiologist, dated 3 August 2006.

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

Statement of Principles concerning Temporomandibular Disorder (Reasonable Hypothesis) (No. 47 of 2018)

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

I am satisfied that you have met the following factor:

- *having a specified joint disease involving the affected temporomandibular joint, at the time of the clinical worsening of temporomandibular disorder*
- *having a specified maxillofacial disease involving the affected masticatory muscles and associated structures of the masticatory system, at the time of the clinical worsening of temporomandibular disorder*
- *having an infection as specified of the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, at the time of the clinical worsening of temporomandibular disorder*
- *having orofacial dyskinesia or oromandibular dystonia at the time of the clinical worsening of temporomandibular disorder*
- *having acute trauma to the affected temporomandibular joint, masticatory muscles and associated structures of the masticatory system, within the 30 days before the clinical worsening of temporomandibular disorder*
- *having a sudden cervical flexion-extension (whiplash) injury requiring hospitalisation, within the 30 days before the clinical worsening of temporomandibular disorder*
- *having bruxism at the time of the clinical worsening of temporomandibular disorder*
- *having fibromyalgia at the time of the clinical worsening of temporomandibular disorder*
- *having a clinically significant disorder of mental health as specified, within the one year before the clinical worsening of temporomandibular disorder*
- *smoking at least two pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of temporomandibular disorder, and: (a) smoking commenced at least one year before the clinical worsening of temporomandibular disorder; and (b) where smoking has ceased, the clinical worsening of temporomandibular disorder has occurred within three months of cessation*
- *undertaking scuba diving: (a) for a cumulative period of at least 200 hours within a continuous period of six months before the clinical worsening of temporomandibular disorder; and (b) where this activity has ceased, the clinical worsening of temporomandibular disorder has occurred within 30 days of cessation*

- *undertaking an activity involving supporting or holding a tool, device or instrument in a position involving prolonged flexion of the head and shoulder: (a) for a cumulative period of at least 500 hours within a continuous period of six months before the clinical worsening of temporomandibular disorder; and (b) where this activity has ceased, the clinical worsening of temporomandibular disorder has occurred within 30 days of cessation*
- *inability to obtain appropriate clinical management for temporomandibular disorder*

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 aching pain in front of the right ear radiating into the temple and angle of the jaw, a painful click on opening, deviation of the jaw to the right, pain on chewing and on gripping your diving mouthpiece, and morning jaw stiffness on 22 May 2006.

The diagnosis was made clinically on 22 May 2006 from right preauricular pain, tenderness of the joint and masseter, a reciprocal click and deviated, reduced opening, and was confirmed by an oral and maxillofacial surgeon on 3 August 2006 with MRI showing anterior disc displacement with reduction and a joint effusion. This meets the Statement of Principles definition of temporomandibular disorder, a disorder of the temporomandibular joint, masticatory muscles and associated structures causing pain and dysfunction.

After the condition arose, it was worsened during your service. Disc displacement without reduction and osteoarthritis of the right temporomandibular joint, confirmed on CT and MRI on 2 August 2011, were present at the worsening on 14 July 2011, which occurred on warlike service in the Middle East Area of Operations. Myositis of the right masseter and medial pterygoid, documented on 14 July 2011 and on MRI on 2 August 2011, followed the blast trauma on warlike service and was present at the worsening. The right pterygomandibular space infection of 5 July 2011 arose on warlike service, where routine dental review had been missed for 14 months because of operational commitments, and was present at the worsening on 14 July 2011. Tardive orofacial dyskinesia caused by prochlorperazine issued for seasickness during small boat operations, including on warlike service, persisted and was present at the worsening on 14 July 2011. The blast trauma to the right jaw on 28 June 2011 occurred during a mine clearance task on warlike service in the Middle East Area of Operations, 16 days before the worsening. The whiplash injury of 28 June 2011, which required three nights in a coalition role 3 hospital, occurred in the mine clearance blast on warlike service, 16 days before the worsening. Bruxism persisted despite a night guard, with fresh wear facets and a cracked night guard recorded by a coalition dental surgeon on 5 July 2011, and was present at the worsening on 14 July 2011, during warlike service. Fibromyalgia, diagnosed on 22 November 2005, remained active with widespread pain and poor sleep, recorded by your rheumatologist on 18 January 2011, and was present at the worsening on 14 July 2011. The posttraumatic stress disorder and the depressive disorder diagnosed on 7 September 2010 were under ongoing management throughout the one year before the worsening, and the posttraumatic stress disorder arose in part from your warlike service in East Timor. By 2011 you had smoked about 15 cigarettes a day for 16 years, about 12 pack-years, much of it during service and deployments. Of the 238 hours of

diving logged from 14 January 2011 to 30 June 2011, 186 hours were on warlike service in the Middle East Area of Operations from 6 February 2011. From 14 January 2011 to 30 June 2011 you spent about 530 hours holding a hand-held diver sonar, underwater camera or hydraulic tool in front of your chest with your head and shoulders flexed, and bending over a chest-mounted remotely operated vehicle controller on deck, mostly on warlike service in the Middle East Area of Operations. On warlike service in the Middle East Area of Operations after the onset in May 2006, and again after the blast in June and July 2011, you had no access to an oral and maxillofacial surgeon, MRI or a fitted occlusal splint, and in 2006 you returned to diving with a mouthpiece.

This has then led to further investigations and the diagnosis of your condition of *Right Temporomandibular Joint Dysfunction (Worsening)*. I have accepted your condition of *Right Temporomandibular Joint Dysfunction (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 July 2011.

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.