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 Wrist - Scapholunate Ligament Degeneration with Chondral Thinning and Tendinosis

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 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 September 2025;
- A field health record by the medical officer, Somalia, dated 2 February 1993;
- An MRI right knee report by the radiologist, dated 30 June 1993;
- A field hospital record and X-ray report by the medical officer and radiologist, East Timor, dated 21 November 1999;
- A nerve conduction study report by the neurophysiologist, dated 14 February 2000;
- An arthroscopy operation report by the hand surgeon, dated 15 March 2000;
- A specialist consultation by the consultant rheumatologist, dated 16 October 2002;
- An MRI arthrogram right hip report by the radiologist, dated 18 September 2003;
- An endocrinology consultation by the endocrinologist, dated 14 April 2004;
- A hospital discharge summary by the orthopaedic surgeon, dated 9 November 2004;
- An MRI right wrist report by the radiologist, dated 12 July 2005;
- A health record by the medical officer, Afghanistan, dated 6 January 2007;
- A role 2 facility record and synovial fluid report by the medical officer, Afghanistan, dated 18 February 2007;
- A DXA report by the radiologist, dated 12 March 2008;
- An X-ray right wrist and isotope bone scan reports by the radiologist, dated 3 August 2009;
- An outpatient health record by the medical officer, Garrison health centre, dated 10 May 2011;
- An MRI right wrist report by the radiologist, dated 24 May 2011;

- A specialist consultation by the hand surgeon, dated 7 June 2011;
- A DXA report by the radiologist, dated 28 January 2013;
- A health record by the medical officer, Afghanistan, dated 2 May 2013;
- An MRI and CT right wrist reports by the radiologist, dated 20 August 2013.

Your service

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

20 January 1986 and 14 October 2015

Right Wrist - Scapholunate Ligament Degeneration with Chondral Thinning and Tendinosis

You have stated that your condition was caused by:

- *having inflammatory joint disease as specified, of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical onset of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical onset of osteoarthritis in that joint*
- *having trauma to the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least five years before the clinical onset of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only, performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an*

average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical onset of osteoarthritis in that joint

- *for osteoarthritis of a joint of the hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least five years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least five years, within the 25 years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having increased bone mineral density before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only: (a) kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least two years before the clinical onset of osteoarthritis in that joint; and (b) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical onset of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical onset of osteoarthritis in that joint*

- *having Paget's disease of bone of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having acromegaly before the clinical onset of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical onset of osteoarthritis in that joint*

Diagnosis: Scapholunate Ligament Degeneration with Chondral Thinning and Tendinosis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 September 2025, and is supported by a specialist consultation by the hand surgeon, dated 7 June 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 Osteoarthritis (Balance of Probabilities) (No. 62 of 2017)

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

I am satisfied that you have met the following factor:

- *having inflammatory joint disease as specified, of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical onset of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical onset of osteoarthritis in that joint*
- *having trauma to the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years before the clinical onset of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least five years before the clinical onset of osteoarthritis in that joint*

- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only, performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least five years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least five years, within the 25 years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having increased bone mineral density before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only: (a) kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at least two years before the clinical onset of osteoarthritis in that joint; and (b) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical onset of osteoarthritis in that joint*

- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical onset of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical onset of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical onset of osteoarthritis in that joint*
- *having acromegaly before the clinical onset of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical onset of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical onset of osteoarthritis in that 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 constant aching of the right wrist, morning stiffness lasting about 45 minutes, crepitus, weakness of grip and pain with spanners, wrenches and impact tools, on a background of intermittent wrist pain since the 1999 injury on 10 May 2011.

The diagnosis was confirmed by MRI of the right wrist on 24 May 2011, which showed degeneration of the scapholunate ligament, chondral thinning of the radioscaphoid and lunate fossa articular surfaces with subchondral bone marrow oedema, and tendinosis of the radial wrist tendons, and by a hand surgeon on 7 June 2011. Together with constant mechanical pain, morning stiffness of less than an hour, crepitus and reduced movement, this meets the Statement of Principles definition of osteoarthritis as a degenerative joint disease with loss of articular cartilage and changes in the subchondral bone and joint margins.

This has then led to further investigations and the diagnosis of your condition of *Scapholunate Ligament Degeneration with Chondral Thinning and Tendinosis*. I have accepted your condition of *Scapholunate Ligament Degeneration with Chondral Thinning and Tendinosis*.

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 10 May 2011.

Right Wrist - Scapholunate Ligament Degeneration with Chondral Thinning and Tendinosis (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 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 September 2025;
- A field health record by the medical officer, Somalia, dated 2 February 1993;
- An MRI right knee report by the radiologist, dated 30 June 1993;
- A field hospital record and X-ray report by the medical officer and radiologist, East Timor, dated 21 November 1999;
- A nerve conduction study report by the neurophysiologist, dated 14 February 2000;
- An arthroscopy operation report by the hand surgeon, dated 15 March 2000;
- A specialist consultation by the consultant rheumatologist, dated 16 October 2002;
- An MRI arthrogram right hip report by the radiologist, dated 18 September 2003;
- An endocrinology consultation by the endocrinologist, dated 14 April 2004;
- A hospital discharge summary by the orthopaedic surgeon, dated 9 November 2004;
- An MRI right wrist report by the radiologist, dated 12 July 2005;
- A health record by the medical officer, Afghanistan, dated 6 January 2007;
- A role 2 facility record and synovial fluid report by the medical officer, Afghanistan, dated 18 February 2007;
- A DXA report by the radiologist, dated 12 March 2008;
- An X-ray right wrist and isotope bone scan reports by the radiologist, dated 3 August 2009;
- An outpatient health record by the medical officer, Garrison health centre, dated 10 May 2011;
- An MRI right wrist report by the radiologist, dated 24 May 2011;
- A specialist consultation by the hand surgeon, dated 7 June 2011;
- A DXA report by the radiologist, dated 28 January 2013;
- A health record by the medical officer, Afghanistan, dated 2 May 2013;
- An MRI and CT right wrist reports by the radiologist, dated 20 August 2013.

Your service

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

20 January 1986 and 14 October 2015

Right Wrist - Scapholunate Ligament Degeneration with Chondral Thinning and Tendinosis (Worsening)

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

- *having inflammatory joint disease as specified, of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical worsening of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having trauma to the affected joint within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least five years before the clinical worsening of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the upper limb only, performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 years before the clinical worsening of osteoarthritis in that joint*

- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least five years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least five years, within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only: (a) kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at two years before the clinical worsening of osteoarthritis in that joint; and (b) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical worsening of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having acromegaly before the clinical worsening of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical worsening of osteoarthritis in that joint*

- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical worsening of osteoarthritis in that joint*
- *inability to obtain appropriate clinical management for osteoarthritis*

Diagnosis: Scapholunate Ligament Degeneration with Chondral Thinning and Tendinosis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 September 2025, and is supported by a specialist consultation by the hand surgeon, dated 7 June 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 Osteoarthritis (Balance of Probabilities) (No. 62 of 2017)

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

I am satisfied that you have met the following factor:

- *having inflammatory joint disease as specified, of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having an infection of the affected joint as specified before the clinical worsening of osteoarthritis in that joint*
- *having an intra-articular fracture of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having haemarthrosis of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having a depositional joint disease as specified, in the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having trauma to the affected joint within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute articular cartilage tear of the affected joint within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having an acute meniscal tear of the affected knee within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *having frostbite involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having disordered joint mechanics of the affected joint for at least five years before the clinical worsening of osteoarthritis in that joint*
- *having necrosis of the subchondral bone near the affected joint, including that from dysbaric osteonecrosis, before the clinical worsening of osteoarthritis in that joint*

- *for osteoarthritis of a joint of the upper limb only, performing any combination of repetitive activities or tasks involving repeated or sustained pinch grip or hand/power grip, for an average of at least 30 hours per week, for a cumulative period of at least ten years within a continuous period of 15 years, before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the hand, wrist or elbow joint only, using a hand-held, vibrating percussive tool or object on more days than not, for a cumulative period of at least ten years, within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: having: (i) an amputation involving either leg; or (ii) an asymmetric gait; for at least five years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb only: lifting loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: carrying loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 3 800 hours within any ten year period before the clinical worsening of osteoarthritis in that joint; and (ii) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a joint of the lower limb only: ascending or descending at least 150 stairs or rungs of a ladder per day, on more days than not, for a continuous period of at least five years, within the 25 years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: being overweight for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for males, having a waist circumference exceeding 102 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a joint of the lower limb or hand joint only: for females, having a waist circumference exceeding 88 centimetres for at least ten years before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip or knee joint only: (a) kneeling or squatting for a cumulative period of at least one hour per day, on more days than not, for a continuous period of at two years before the clinical worsening of osteoarthritis in that joint; and (b) where the clinical worsening of osteoarthritis in that joint occurs within the 25 years following that period*
- *for osteoarthritis of a knee joint only, having internal derangement of the affected joint before the clinical worsening of osteoarthritis in that joint*

- *for osteoarthritis of the patello-femoral joint only, having chondromalacia patella before the clinical worsening of osteoarthritis in that joint*
- *having a disorder associated with loss of pain sensation or proprioception involving the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having Paget's disease of bone of the affected joint before the clinical worsening of osteoarthritis in that joint*
- *having acromegaly before the clinical worsening of osteoarthritis in that joint*
- *having joint instability or dislocation of the affected joint, at least one year before the clinical worsening of osteoarthritis in that joint*
- *for osteoarthritis of a hip joint only, having femoroacetabular impingement syndrome of the affected joint, before the clinical worsening of osteoarthritis in that joint*
- *inability to obtain appropriate clinical management for osteoarthritis*

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 constant aching of the right wrist, morning stiffness lasting about 45 minutes, crepitus, weakness of grip and pain with spanners, wrenches and impact tools, on a background of intermittent wrist pain since the 1999 injury on 10 May 2011.

The diagnosis was confirmed by MRI of the right wrist on 24 May 2011, which showed degeneration of the scapholunate ligament, chondral thinning of the radioscaphoid and lunate fossa articular surfaces with subchondral bone marrow oedema, and tendinosis of the radial wrist tendons, and by a hand surgeon on 7 June 2011. Together with constant mechanical pain, morning stiffness of less than an hour, crepitus and reduced movement, this meets the Statement of Principles definition of osteoarthritis as a degenerative joint disease with loss of articular cartilage and changes in the subchondral bone and joint margins.

After the condition arose, it was worsened during your service. Psoriatic arthritis of the right wrist, diagnosed in 2002, remained active with flares in 2012 and January 2013 requiring prednisolone, before the clinical worsening documented on 20 August 2013. The septic arthritis of the right wrist of November 2004 preceded the clinical worsening on 20 August 2013, and the cartilage it damaged formed part of the joint that deteriorated. The intra-articular die-punch fracture of the lunate fossa of November 1999 preceded the clinical worsening on 20 August 2013. The haemarthrosis aspirated on 21 November 1999 preceded the clinical worsening. Gout of the right wrist, confirmed in 2007, persisted with further attacks in 2010 and on 12 June 2013, before the clinical worsening on 20 August 2013. The fall onto the bound right hand in November 1999, and the fall onto the outstretched right hand from a vehicle step on 2 May 2013, causing immediate pain, swelling, haemarthrosis and loss of movement with splinting for three weeks, both occurred within the 25 years before the worsening, which run from 20 August 1988 to 20 August 2013. The acute chondral flap tear of the lunate fossa found on 15 March 2000 occurred within the 25 years before the clinical worsening on 20 August 2013. The acute medial meniscal tear of the right knee of March 1993 occurred within the 25 years before the clinical worsening on 20 August 2013. The frostbite involving the right wrist of 6 January 2007 preceded

the clinical worsening on 20 August 2013. The scapholunate dissociation with the dorsal intercalated segment instability deformity persisted unchanged, causing disordered joint mechanics throughout the five years before the worsening, from 20 August 2008 to 20 August 2013. The avascular necrosis of the lunate shown in 2005 progressed to collapse and fragmentation of the lunate (Lichtman stage IIIB) on CT of 20 August 2013, preceding and forming part of the worsening. Your power grip work as a vehicle mechanic averaged more than 30 hours a week for about thirteen and a half years within the continuous period 1987 to 2001, before the clinical worsening, and as a workshop sergeant you continued hands-on repairs on deployment in 2013. You used vibrating percussive tools on more days than not from August 1988 to 1999, more than ten years within the 25 years before the worsening, which run from 20 August 1988 to 20 August 2013. The asymmetric gait from the right knee injury persisted at every examination from 1995 to 2013, more than five years before the worsening, from 20 August 2008 to 20 August 2013. The cumulative total of about 165,000 kilograms of lifting between 1987 and 1997 exceeded 150,000 kilograms within a ten-year period before the worsening, and the worsening in 2013 occurred within the 25 years following that period. The cumulative total of about 3,900 hours of load carriage between 1987 and 1997 exceeded 3,800 hours within a ten-year period before the worsening, and the worsening in 2013 occurred within the 25 years following that period. You climbed more than 150 rungs a day on most days for the continuous period from 1987 to 1995, of which about seven years fell within the 25 years before the worsening on 20 August 2013. Your BMI was above 25 at every examination from 1996 to 2013, more than ten years before the worsening, and was 33.4 in August 2013. Your waist circumference exceeded 102 centimetres at every measurement from 1999 to 2013, more than ten years before the worsening, and was 112 cm in August 2013. Your waist circumference exceeded 88 centimetres at every measurement from 1999 to 2013, more than ten years before the worsening on 20 August 2013. You knelt or squatted for more than an hour a day on most days from 1987 to 2005, a continuous period of far more than two years, and the worsening in 2013 occurred within 25 years of that period. Internal derangement of the right knee from the March 1993 injury, with recurrent giving way of the anterior cruciate ligament deficient knee, persisted before the worsening on 20 August 2013. Chondromalacia patellae of the right knee, diagnosed in 1993, persisted before the worsening on 20 August 2013. The median and superficial radial compression neuropathy with impaired position sense at the right wrist from the 1999 captivity persisted on repeat nerve conduction studies in 2012, before the worsening. Paget's disease of the distal right radius, diagnosed in 2009, remained active with a raised alkaline phosphatase in 2012, before the worsening on 20 August 2013. Acromegaly, diagnosed in 2004, with persisting skeletal changes and hypopituitarism after surgery, was present before the worsening on 20 August 2013. Scapholunate instability of the right wrist was present from 2000, more than one year before the worsening on 20 August 2013. Femoroacetabular impingement syndrome of the right hip, diagnosed in 2003, persisted before the worsening on 20 August 2013. During your deployment from 10 February to 30 July 2013 you had no access to a hand surgeon, MRI, CT or hand therapy.

This has then led to further investigations and the diagnosis of your condition of *Scapholunate Ligament Degeneration with Chondral Thinning and Tendinosis (Worsening)*. I have accepted

your condition of *Scapholunate Ligament Degeneration with Chondral Thinning and Tendinosis (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 20 August 2013.

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.