



**Australian Government**

**Department of Veterans' Affairs**

## Medical Report – Joint Instability

The information you provide on this form will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

### *Veteran's Details*

**Surname**

**Given Names**

**DVA File Number**

### *Report Detail*

A claim for service related compensation in respect of the above named leads the Department to consider whether any of the following factors could be relevant to the development of joint instability in this case. Would you please answer the following questions:

1. When was the clinical onset of the ( \_\_\_\_\_ )?

2. Did the veteran have any of the following in the joint affected by the joint instability?

- damage to a soft tissue structure;

A soft tissue structure means: a tendon, ligament, or fibrocartilaginous structure that contributes to joint stability.

- laxity of the joint capsule or a stability ligament;
- fracture, avulsion, or bony defect involving the articulating surfaces ;
- biomechanical abnormality, or;

A biomechanical abnormality means: an abnormality of the forces acting on the affected joint as a result of a muscle, tendon, ligament, or bone, that maintains the normal structural or functional relationship between the articulating surfaces of the affected joint, and that is not functioning correctly, is abnormal or is misaligned. This definition includes biomechanical abnormality as a result of surgery involving the stabilising structures of the affected joint and extra-articular malunion of a fracture of a bone involved in the affected joint.



4. Has the underlying pathology of (insert claimed condition) subsequently worsened?

- No**
- Yes** - *When did this occur and what do you believe to have been the cause of the worsening?*


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***Details of Medical Practitioner providing advice:***

**Stamp**

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**Signature**

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