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.

Bilateral Hands - Raynaud Phenomenon

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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- An enlistment medical examination by the medical officer, Recruit health centre, dated 20 January 1998;
- An outpatient health record by the medical officer, cold-weather diving exchange, dated 19 February 2008;
- An emergency record and X-ray right hand report by the medical officer and radiologist, dated 8 September 2008;
- A nerve conduction study report by the neurophysiologist, dated 14 April 2009;
- A neurology consultation by the neurologist, dated 14 April 2009;
- A diving medical examination by the diving medical officer, dated 14 April 2009;
- A diving medical examination by the diving medical officer, dated 18 March 2010;
- An outpatient health record by the medical officer, Naval health centre, dated 26 July 2010;
- A vascular medicine consultation and upper limb Doppler report by the vascular physician, dated 22 September 2010;
- A vascular medicine review and digital plethysmography report by the vascular physician, dated 3 August 2015;
- A separation medical examination by the medical officer, dated 12 June 2019.

Your service

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

20 January 1998 and 5 December 2019

Bilateral Hands - Raynaud Phenomenon

You have stated that your condition was caused by:

- *using hand-held vibrating tools for a cumulative period of at least 2 000 hours before the clinical onset of Raynaud phenomenon*
- *being exposed to cold water immersion of the hands for a cumulative period of at least 500 hours before the clinical onset of Raynaud phenomenon*
- *having a non-freezing cold injury or frostbite involving the affected digits before the clinical onset of Raynaud phenomenon*
- *having a crush injury or fracture of the affected digits before the clinical onset of Raynaud phenomenon*
- *having carpal tunnel syndrome of the affected hand at the time of the clinical onset of Raynaud phenomenon*
- *smoking at least five pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of Raynaud phenomenon*
- *taking a beta-adrenergic blocking agent for at least the six months before the clinical onset of Raynaud phenomenon*
- *taking a triptan or ergot derivative on at least four days per month for at least the six months before the clinical onset of Raynaud phenomenon*
- *taking a sympathomimetic drug, including pseudoephedrine, on more days than not for at least the six months before the clinical onset of Raynaud phenomenon*

Diagnosis: Raynaud Phenomenon

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by a vascular medicine consultation and upper limb Doppler report by the vascular physician, dated 22 September 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *using hand-held vibrating tools for a cumulative period of at least 2 000 hours before the clinical onset of Raynaud phenomenon*

- *being exposed to cold water immersion of the hands for a cumulative period of at least 500 hours before the clinical onset of Raynaud phenomenon*
- *having a non-freezing cold injury or frostbite involving the affected digits before the clinical onset of Raynaud phenomenon*
- *having a crush injury or fracture of the affected digits before the clinical onset of Raynaud phenomenon*
- *having carpal tunnel syndrome of the affected hand at the time of the clinical onset of Raynaud phenomenon*
- *smoking at least five pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of Raynaud phenomenon*
- *taking a beta-adrenergic blocking agent for at least the six months before the clinical onset of Raynaud phenomenon*
- *taking a triptan or ergot derivative on at least four days per month for at least the six months before the clinical onset of Raynaud phenomenon*
- *taking a sympathomimetic drug, including pseudoephedrine, on more days than not for at least the six months before the clinical onset of Raynaud phenomenon*

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 episodes of sharply demarcated white fingers in both hands, followed by blue and then painful red discolouration on rewarming, with numbness and clumsiness, triggered by cold water and by powered tool use on 26 July 2010.

The diagnosis was confirmed by a vascular physician on 22 September 2010 on the history of recurrent, cold-induced, sharply demarcated triphasic colour change of the fingers of both hands, with delayed rewarming on cold provocation testing. Antinuclear antibodies were negative and nailfold capillaroscopy was normal, which makes an underlying connective tissue disease unlikely, and upper limb Doppler excluded proximal arterial disease and thoracic outlet compression. The history of more than 3 600 hours of hand-arm vibration, cold injury and trauma establishes the phenomenon as secondary, with the vascular component of hand-arm vibration syndrome classified as Stockholm stage 2.

This has then led to further investigations and the diagnosis of your condition of *Raynaud Phenomenon*. I have accepted your condition of *Raynaud Phenomenon*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 12 July 2010.

Bilateral Hands - Raynaud Phenomenon (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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 May 2025;
- An enlistment medical examination by the medical officer, Recruit health centre, dated 20 January 1998;
- An outpatient health record by the medical officer, cold-weather diving exchange, dated 19 February 2008;
- An emergency record and X-ray right hand report by the medical officer and radiologist, dated 8 September 2008;
- A nerve conduction study report by the neurophysiologist, dated 14 April 2009;
- A neurology consultation by the neurologist, dated 14 April 2009;
- A diving medical examination by the diving medical officer, dated 14 April 2009;
- A diving medical examination by the diving medical officer, dated 18 March 2010;
- An outpatient health record by the medical officer, Naval health centre, dated 26 July 2010;
- A vascular medicine consultation and upper limb Doppler report by the vascular physician, dated 22 September 2010;
- A vascular medicine review and digital plethysmography report by the vascular physician, dated 3 August 2015;
- A separation medical examination by the medical officer, dated 12 June 2019.

Your service

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

20 January 1998 and 5 December 2019

Bilateral Hands - Raynaud Phenomenon (Worsening)

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

- *continuing to use hand-held vibrating tools for a cumulative period of at least 500 hours after the clinical onset of Raynaud phenomenon and before its clinical worsening*

- *continuing to be exposed to cold water immersion of the hands for a cumulative period of at least 100 hours after the clinical onset of Raynaud phenomenon and before its clinical worsening*
- *smoking at least five cigarettes per day, or the equivalent thereof in other tobacco products, for at least the 12 months before the clinical worsening of Raynaud phenomenon*
- *inability to obtain appropriate clinical management for Raynaud phenomenon*

Diagnosis: Raynaud Phenomenon (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 May 2025, and is supported by a vascular medicine consultation and upper limb Doppler report by the vascular physician, dated 22 September 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *continuing to use hand-held vibrating tools for a cumulative period of at least 500 hours after the clinical onset of Raynaud phenomenon and before its clinical worsening*
- *continuing to be exposed to cold water immersion of the hands for a cumulative period of at least 100 hours after the clinical onset of Raynaud phenomenon and before its clinical worsening*
- *smoking at least five cigarettes per day, or the equivalent thereof in other tobacco products, for at least the 12 months before the clinical worsening of Raynaud phenomenon*
- *inability to obtain appropriate clinical management for Raynaud phenomenon*

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 episodes of sharply demarcated white fingers in both hands, followed by blue and then painful red discolouration on rewarming, with numbness and clumsiness, triggered by cold water and by powered tool use on 26 July 2010.

The diagnosis was confirmed by a vascular physician on 22 September 2010 on the history of recurrent, cold-induced, sharply demarcated triphasic colour change of the fingers of both hands, with delayed rewarming on cold provocation testing. Antinuclear antibodies were negative and nailfold capillaroscopy was normal, which makes an underlying connective tissue disease unlikely, and upper limb Doppler excluded proximal arterial disease and thoracic outlet compression. The history of more than 3 600 hours of hand-arm vibration, cold injury and

trauma establishes the phenomenon as secondary, with the vascular component of hand-arm vibration syndrome classified as Stockholm stage 2.

After the condition arose, it was worsened during your service. Although the vascular physician advised reduced vibration exposure on 22 September 2010, no change of duties was made, and you used hydraulic and pneumatic tools for about a further 1 200 hours between onset and the worsening documented on 3 August 2015, including on warlike maritime security operations in the Middle East in 2012. You continued to dive in cold southern waters on mine countermeasures and hull search tasks, logging about 600 further hours of cold water immersion between 12 July 2010 and 3 August 2015. You continued to smoke about 15 cigarettes a day throughout the 12 months before the worsening, from 3 August 2014 to 3 August 2015, as recorded by the vascular physician. After the diagnosis on 22 September 2010 the vascular physician's advice to reduce vibration and cold exposure was not acted on, no change of duties or protective equipment was provided, and propranolol was continued until 2015.

This has then led to further investigations and the diagnosis of your condition of *Raynaud Phenomenon (Worsening)*. I have accepted your condition of *Raynaud Phenomenon (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 3 August 2015.

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