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.

Left Thumb - Extensor Tendon Split

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 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 July 2025;
- A pre-deployment medical examination by the medical officer, dated 14 February 2008;
- A workshop incident log and outpatient health record by the workshop supervisor and medical officer, Afghanistan, dated 16 August 2008;
- An outpatient health record and X-ray left thumb by the medical officer, Afghanistan, dated 18 August 2008;
- A specialist consultation by the hand surgeon, dated 19 January 2009;
- An ultrasound left thumb by the radiologist, dated 23 January 2009;
- An outpatient health record and incident report by the medical officer, Timor-Leste, dated 27 June 2011;
- An ultrasound left thumb by the radiologist, dated 2 November 2011;
- An operation report by the hand surgeon, dated 15 December 2011;
- A separation medical examination by the medical officer, dated 11 August 2016.

Your service

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

20 January 2001 and 13 December 2016

Left Thumb - Extensor Tendon Split

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: Extensor Tendon Split

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 July 2025, and is supported by an outpatient health record and X-ray left thumb by the medical officer, Afghanistan, dated 18 August 2008.

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 a sudden snap and sharp pain over the back of the left thumb knuckle, rapid swelling and bruising, weakness when straightening the thumb and pain on pinching and gripping on 16 August 2008.

The diagnosis was made clinically by the medical officer on 18 August 2008, who recorded bruising over the dorsal thumb metacarpophalangeal joint, pain on resisted extension, a palpable tender gap in the extensor tendons, radial collateral ligament tenderness and mild laxity, with a normal X-ray. Ultrasound on 23 January 2009 confirmed a 14 millimetre longitudinal split of the extensor pollicis brevis and extensor pollicis longus and a sprained radial collateral ligament, and a hand surgeon confirmed the diagnosis. This meets the Statement of Principles definitions of a strain of a tendon and a sprain of a joint ligament.

This has then led to further investigations and the diagnosis of your condition of *Extensor Tendon Split*. I have accepted your condition of *Extensor Tendon Split*.

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 16 August 2008.

Left Thumb - Extensor Tendon Split (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 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 July 2025;
- A pre-deployment medical examination by the medical officer, dated 14 February 2008;
- A workshop incident log and outpatient health record by the workshop supervisor and medical officer, Afghanistan, dated 16 August 2008;
- An outpatient health record and X-ray left thumb by the medical officer, Afghanistan, dated 18 August 2008;
- A specialist consultation by the hand surgeon, dated 19 January 2009;
- An ultrasound left thumb by the radiologist, dated 23 January 2009;
- An outpatient health record and incident report by the medical officer, Timor-Leste, dated 27 June 2011;
- An ultrasound left thumb by the radiologist, dated 2 November 2011;
- An operation report by the hand surgeon, dated 15 December 2011;
- A separation medical examination by the medical officer, dated 11 August 2016.

Your service

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

20 January 2001 and 13 December 2016

Left Thumb - Extensor Tendon Split (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: Extensor Tendon Split (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 July 2025, and is supported by an outpatient health record and X-ray left thumb by the medical officer, Afghanistan, dated 18 August 2008.

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 a sudden snap and sharp pain over the back of the left thumb knuckle, rapid swelling and bruising, weakness when straightening the thumb and pain on pinching and gripping on 16 August 2008.

The diagnosis was made clinically by the medical officer on 18 August 2008, who recorded bruising over the dorsal thumb metacarpophalangeal joint, pain on resisted extension, a palpable tender gap in the extensor tendons, radial collateral ligament tenderness and mild laxity, with a normal X-ray. Ultrasound on 23 January 2009 confirmed a 14 millimetre longitudinal split of the extensor pollicis brevis and extensor pollicis longus and a sprained radial collateral ligament, and a hand surgeon confirmed the diagnosis. This meets the Statement of Principles definitions of a strain of a tendon and a sprain of a joint ligament.

After the condition arose, it was worsened during your service. On non-warlike service in Timor-Leste on 27 June 2011 a recovery chain snatched and struck your left thumb while you were recovering a bogged truck on a mountain track, forcing the metacarpophalangeal joint into flexion and radial deviation. The chain strike on non-warlike service in Timor-Leste on 27 June 2011 forcefully stretched the extensor tendons of the left thumb, and the split extended from 14 to 26 millimetres with sagittal band disruption on ultrasound of 2 November 2011. On operational service in Afghanistan in 2008 and in Timor-Leste in 2011 there was no hand therapist, ultrasound or hand surgeon, and you were returned to workshop duties in a splint after each injury because vehicle availability for operations depended on the workshop.

This has then led to further investigations and the diagnosis of your condition of *Extensor Tendon Split (Worsening)*. I have accepted your condition of *Extensor Tendon Split (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 27 June 2011.

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