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 Wrist - Chronic Sprain

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 6 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 May 2025;
- A pre-deployment medical examination by the medical officer, Naval base health centre, dated 18 November 2013;
- A ship's medical record by the ship's medical officer, dated 22 March 2014;
- An X-ray report by the coalition medical facility, dated 4 May 2014;
- An MRI report by the radiologist, dated 10 September 2014;
- A sports medicine consultation by the sports physician, dated 15 October 2014;
- A ship's medical record by the ship's medic, dated 9 August 2017;
- An MRI report by the radiologist, and hand surgery consultation, Hand surgeon, dated 20 December 2017;
- An operation report by the hand surgeon, dated 14 May 2018;
- A discharge medical examination by the medical officer, dated 30 June 2019.

Your service

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

16 February 2009 and 30 June 2019

Left Wrist - Chronic Sprain

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: Chronic Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 May 2025, and is supported by a sports medicine consultation by the sports physician, dated 15 October 2014.

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 immediate severe dorsal left wrist pain, swelling within the hour, painful and restricted wrist extension, weak grip and pain along the back of the forearm on 22 March 2014.

The diagnosis is based on a discrete injury that forced the left wrist into hyperextension, with pain, swelling and tenderness over the dorsal radiocarpal joint and the dorsoradial forearm within minutes, and MRI on 10 September 2014 showing partial-thickness tears of the dorsal radiocarpal and dorsal intercarpal ligaments with a strain of the extensor carpi radialis brevis. This meets the Statement of Principles definitions of sprain (tearing of joint ligaments with pain and tenderness within 24 hours) and strain (tearing of a tendon or muscle with pain and tenderness within 24 hours). X-ray excluded fracture, and the scapholunate ligament and TFCC were intact, so this is not recurrent sprain due to joint instability.

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

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 22 March 2014.

Left Wrist - Chronic Sprain (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 6 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 May 2025;
- A pre-deployment medical examination by the medical officer, Naval base health centre, dated 18 November 2013;
- A ship's medical record by the ship's medical officer, dated 22 March 2014;
- An X-ray report by the coalition medical facility, dated 4 May 2014;
- An MRI report by the radiologist, dated 10 September 2014;
- A sports medicine consultation by the sports physician, dated 15 October 2014;
- A ship's medical record by the ship's medic, dated 9 August 2017;
- An MRI report by the radiologist, and hand surgery consultation, Hand surgeon, dated 20 December 2017;
- An operation report by the hand surgeon, dated 14 May 2018;
- A discharge medical examination by the medical officer, dated 30 June 2019.

Your service

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

16 February 2009 and 30 June 2019

Left Wrist - Chronic Sprain (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: Chronic Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 May 2025, and is supported by a sports medicine consultation by the sports physician, dated 15 October 2014.

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 (Balance of Probabilities) (No. 28 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 immediate severe dorsal left wrist pain, swelling within the hour, painful and restricted wrist extension, weak grip and pain along the back of the forearm on 22 March 2014.

The diagnosis is based on a discrete injury that forced the left wrist into hyperextension, with pain, swelling and tenderness over the dorsal radiocarpal joint and the dorsoradial forearm within minutes, and MRI on 10 September 2014 showing partial-thickness tears of the dorsal radiocarpal and dorsal intercarpal ligaments with a strain of the extensor carpi radialis brevis. This meets the Statement of Principles definitions of sprain (tearing of joint ligaments with pain and tenderness within 24 hours) and strain (tearing of a tendon or muscle with pain and tenderness within 24 hours). X-ray excluded fracture, and the scapholunate ligament and TFCC were intact, so this is not recurrent sprain due to joint instability.

After the condition arose, it was worsened during your service. On 9 August 2017, during a mooring evolution at sea, a heavy mooring line surged under load and threw you across the wet steel deck. Immediately before the fall on 9 August 2017 you were heaving on the surging mooring line with both hands, and the sudden load forcibly flexed your gripping left wrist against maximal extensor contraction. After the injury of 22 March 2014 you remained at sea for six weeks with no X-ray, ultrasound or hand therapy available, and with only a first-aid splint that could not be worn while operating boat equipment.

This has then led to further investigations and the diagnosis of your condition of *Chronic Sprain (Worsening)*. I have accepted your condition of *Chronic Sprain (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 December 2017.

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.