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 - ECU 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 22 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 July 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 22 August 2008;
- An outpatient health record by the medical officer, Forward operating base, Afghanistan, dated 12 January 2009;
- An ultrasound report by the coalition role 3 hospital, Afghanistan, dated 20 January 2009;
- An MRI report by the radiologist, dated 18 June 2009;
- A hand surgery consultation by the hand surgeon, dated 2 July 2009;
- An outpatient health record by the medical officer, Solomon Islands, dated 21 August 2011;
- An MRI report by the radiologist, dated 14 December 2011;
- An operation report by the hand surgeon, dated 8 March 2012;
- A discharge medical examination by the medical officer, dated 18 March 2015.

Your service

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

2 July 2002 and 18 March 2015

Left Wrist - ECU 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: ECU Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 July 2025, and is supported by an ultrasound report by the coalition role 3 hospital, Afghanistan, dated 20 January 2009.

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 painful snap over the ulnar side of the left wrist, swelling within the hour, pain on lifting, twisting and resisted wrist extension, and a painful snapping of the tendon each time you turned your palm upward on 12 January 2009.

The diagnosis is based on a discrete injury that forced the left wrist into supination, flexion and ulnar deviation under heavy load, with immediate pain, swelling and tenderness over the extensor carpi ulnaris groove and a painful snapping tendon on supination, confirmed by ultrasound on 20 January 2009 showing a subsheath tear with tendon subluxation and an interstitial tendon strain. The torn subsheath is a ligamentous retinacular stabiliser of the ulnar wrist, so its tearing with pain within 24 hours meets the Statement of Principles definition of sprain, and the tendon injury meets the definition of strain. The TFCC was intact and the snapping followed a single injury, so this is not recurrent sprain due to pre-existing joint instability.

This has then led to further investigations and the diagnosis of your condition of *ECU Sprain*. I have accepted your condition of *ECU 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 12 January 2009.

Left Wrist - ECU 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 22 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 July 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 22 August 2008;
- An outpatient health record by the medical officer, Forward operating base, Afghanistan, dated 12 January 2009;
- An ultrasound report by the coalition role 3 hospital, Afghanistan, dated 20 January 2009;
- An MRI report by the radiologist, dated 18 June 2009;
- A hand surgery consultation by the hand surgeon, dated 2 July 2009;
- An outpatient health record by the medical officer, Solomon Islands, dated 21 August 2011;
- An MRI report by the radiologist, dated 14 December 2011;
- An operation report by the hand surgeon, dated 8 March 2012;
- A discharge medical examination by the medical officer, dated 18 March 2015.

Your service

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

2 July 2002 and 18 March 2015

Left Wrist - ECU 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: ECU Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 July 2025, and is supported by an ultrasound report by the coalition role 3 hospital, Afghanistan, dated 20 January 2009.

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 painful snap over the ulnar side of the left wrist, swelling within the hour, pain on lifting, twisting and resisted wrist extension, and a painful snapping of the tendon each time you turned your palm upward on 12 January 2009.

The diagnosis is based on a discrete injury that forced the left wrist into supination, flexion and ulnar deviation under heavy load, with immediate pain, swelling and tenderness over the extensor carpi ulnaris groove and a painful snapping tendon on supination, confirmed by ultrasound on 20 January 2009 showing a subsheath tear with tendon subluxation and an interstitial tendon strain. The torn subsheath is a ligamentous retinacular stabiliser of the ulnar wrist, so its tearing with pain within 24 hours meets the Statement of Principles definition of sprain, and the tendon injury meets the definition of strain. The TFCC was intact and the snapping followed a single injury, so this is not recurrent sprain due to pre-existing joint instability.

After the condition arose, it was worsened during your service. The force through the left wrist when the bogged vehicle rolled back occurred on 21 August 2011 during a vehicle recovery on a patrol on non-warlike service in the Solomon Islands. The forceful stretching of the extensor carpi ulnaris against the weight of the vehicle occurred on 21 August 2011 on non-warlike service in the Solomon Islands and caused the longitudinal split tear of the tendon shown on MRI of 14 December 2011. On warlike service in Afghanistan from January to April 2009, operational demands at a forward operating base prevented the long-arm casting and rest that the subsheath tear required, and no MRI or hand surgeon was available.

This has then led to further investigations and the diagnosis of your condition of *ECU Sprain (Worsening)*. I have accepted your condition of *ECU 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 wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 21 August 2011.

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