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 - Scaphoid Fracture

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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A trauma presentation and X-ray report by Role 2 facility, Timor-Leste, dated 3 March 2008;
- An orthopaedic consultation and X-ray report by the orthopaedic surgeon, dated 20 August 2008;
- An outpatient health record by the medical officer, Garrison health centre, dated 16 November 2010;
- A patrol base treatment record by the medical officer, Role 1 facility, Afghanistan, dated 6 May 2011;
- An X-ray and CT reports by the radiologist, Role 2 facility, Afghanistan, dated 27 May 2011;
- An aeromedical evacuation summary by the medical officer, dated 15 June 2011;
- A specialist consultation by the respiratory physician, dated 22 August 2011;
- A pathology report by the hba1c, dated 12 December 2011;
- A dual-energy X-ray absorptiometry report and endocrinology consultation by the endocrinologist, dated 10 January 2012;
- A CT report and hand surgery consultation by the hand surgeon, dated 14 February 2012;
- An operation report by the hand surgeon, dated 20 March 2012;
- An MRI report and hand surgery review by the hand surgeon, dated 12 September 2013.

Your service

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

3 February 2006 and 19 October 2014

Left Wrist - Scaphoid Fracture

You have stated that your condition was caused by:

- *having significant physical force applied to or through the affected bone at the time of clinical onset*
- *for stress fracture only, having significant repetitive loading stress to the affected bone prior to clinical onset*
- *for stress fracture only, having significant chronic repetitive loading stress to the affected bone due to abnormal force intensity or direction of application, at the time of clinical onset*

Diagnosis: Scaphoid Fracture

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an X-ray and CT reports by the radiologist, Role 2 facility, Afghanistan, dated 27 May 2011.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Fracture (Reasonable Hypothesis) (No. 62 of 2024)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having significant physical force applied to or through the affected bone at the time of clinical onset*
- *for stress fracture only, having significant repetitive loading stress to the affected bone prior to clinical onset*
- *for stress fracture only, having significant chronic repetitive loading stress to the affected bone due to abnormal force intensity or direction of application, at the time of clinical onset*

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 radial-sided left wrist pain, swelling over the anatomical snuffbox, pain on gripping and on axial loading of the thumb, and an inability to

take weight through the hand for push-ups or to hold your rifle in a firing position on 6 May 2011.

The diagnosis was confirmed by scaphoid radiographs and CT on 27 May 2011, which showed an undisplaced transverse fracture of the waist of the left scaphoid. The fracture was produced by a force that would ordinarily break a healthy bone, a heavy fall under load on to the outstretched hand, and meets the Statement of Principles definition of fracture. The marginal sclerosis on CT showed that repetitive loading had produced a stress reaction at the same site beforehand, which is consistent with a stress fracture of the fatigue type completed by the fall.

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

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 6 May 2011.

Left Wrist - Scaphoid Fracture (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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A trauma presentation and X-ray report by Role 2 facility, Timor-Leste, dated 3 March 2008;
- An orthopaedic consultation and X-ray report by the orthopaedic surgeon, dated 20 August 2008;
- An outpatient health record by the medical officer, Garrison health centre, dated 16 November 2010;
- A patrol base treatment record by the medical officer, Role 1 facility, Afghanistan, dated 6 May 2011;
- An X-ray and CT reports by the radiologist, Role 2 facility, Afghanistan, dated 27 May 2011;
- An aeromedical evacuation summary by the medical officer, dated 15 June 2011;
- A specialist consultation by the respiratory physician, dated 22 August 2011;
- A pathology report by the hba1c, dated 12 December 2011;
- A dual-energy X-ray absorptiometry report and endocrinology consultation by the endocrinologist, dated 10 January 2012;
- A CT report and hand surgery consultation by the hand surgeon, dated 14 February 2012;
- An operation report by the hand surgeon, dated 20 March 2012;
- An MRI report and hand surgery review by the hand surgeon, dated 12 September 2013.

Your service

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

3 February 2006 and 19 October 2014

Left Wrist - Scaphoid Fracture (Worsening)

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

- *smoking at least 5 cigarettes per day, or the equivalent thereof in other tobacco products, during treatment for fracture prior to fracture non-union*
- *having diabetes mellitus at the time of the fracture non-union*
- *inability to obtain appropriate clinical management for fracture before clinical worsening*

Diagnosis: Scaphoid Fracture (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an X-ray and CT reports by the radiologist, Role 2 facility, Afghanistan, dated 27 May 2011.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Fracture (Balance of Probabilities) (No. 63 of 2024)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *smoking at least 5 cigarettes per day, or the equivalent thereof in other tobacco products, during treatment for fracture prior to fracture non-union*
- *having diabetes mellitus at the time of the fracture non-union*
- *inability to obtain appropriate clinical management for fracture before clinical worsening*

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 radial-sided left wrist pain, swelling over the anatomical snuffbox, pain on gripping and on axial loading of the thumb, and an inability to take weight through the hand for push-ups or to hold your rifle in a firing position on 6 May 2011.

The diagnosis was confirmed by scaphoid radiographs and CT on 27 May 2011, which showed an undisplaced transverse fracture of the waist of the left scaphoid. The fracture was produced by a force that would ordinarily break a healthy bone, a heavy fall under load on to the outstretched hand, and meets the Statement of Principles definition of fracture. The marginal sclerosis on CT showed that repetitive loading had produced a stress reaction at the same site beforehand, which is consistent with a stress fracture of the fatigue type completed by the fall.

After the condition arose, it was worsened during your service. You smoked 15 to 20 cigarettes a day throughout treatment of the fracture, from the cast applied on 27 May 2011 until non-union was diagnosed on 14 February 2012, as recorded at each orthopaedic and medical review. Steroid-induced diabetes mellitus was confirmed on 12 December 2011, with an HbA1c of 7.4 per cent, and metformin was commenced on 10 January 2012. When you fell on 6 May 2011 there was no radiography at your patrol base.

This has then led to further investigations and the diagnosis of your condition of *Scaphoid Fracture (Worsening)*. I have accepted your condition of *Scaphoid Fracture (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 14 February 2012.

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