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 - TFCC 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 28 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 August 2025;
- A pre-deployment aircrew medical examination by the medical officer, RAAF base health centre, dated 28 May 2007;
- An outpatient health record by the detachment medical officer, Middle East Area of Operations, dated 19 October 2007;
- An MRI report by the radiologist, dated 18 March 2008;
- A hand surgery consultation by the hand surgeon, dated 8 April 2008;
- An outpatient health record by the medical officer, Middle East Area of Operations, dated 7 June 2011;
- An MRI report by the radiologist, dated 10 October 2011;
- An operation report by the hand surgeon, dated 20 February 2012;
- A discharge medical examination by the medical officer, dated 9 November 2018.

Your service

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

14 January 2001 and 9 November 2018

Left Wrist - TFCC 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: TFCC Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 August 2025, and is supported by an MRI report by the radiologist, dated 18 March 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 immediate tearing pain and a click on the ulnar side of the left wrist, swelling within two hours, pain on turning the forearm and gripping, and pain along the inner forearm on 19 October 2007.

The diagnosis is based on a discrete injury forcing the left wrist into ulnar deviation and pronation under load, with immediate ulnar-sided pain, a click and swelling, tenderness at the ulnar fovea and a positive ulnocarpal stress test, confirmed by MRI on 18 March 2008 showing a peripheral tear of the TFCC and a strain of the flexor carpi ulnaris. Tearing of the TFCC ligaments with pain and tenderness within 24 hours meets the Statement of Principles definition of sprain, and the tendon injury meets the definition of strain. The wrist was normal and stable before the injury, so this is not recurrent sprain due to joint instability, and there was no degenerative central perforation.

This has then led to further investigations and the diagnosis of your condition of *TFCC Sprain*. I have accepted your condition of *TFCC 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 19 October 2007.

Left Wrist - TFCC 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 28 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 28 August 2025;
- A pre-deployment aircrew medical examination by the medical officer, RAAF base health centre, dated 28 May 2007;
- An outpatient health record by the detachment medical officer, Middle East Area of Operations, dated 19 October 2007;
- An MRI report by the radiologist, dated 18 March 2008;
- A hand surgery consultation by the hand surgeon, dated 8 April 2008;
- An outpatient health record by the medical officer, Middle East Area of Operations, dated 7 June 2011;
- An MRI report by the radiologist, dated 10 October 2011;
- An operation report by the hand surgeon, dated 20 February 2012;
- A discharge medical examination by the medical officer, dated 9 November 2018.

Your service

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

14 January 2001 and 9 November 2018

Left Wrist - TFCC 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: TFCC Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 28 August 2025, and is supported by an MRI report by the radiologist, dated 18 March 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 immediate tearing pain and a click on the ulnar side of the left wrist, swelling within two hours, pain on turning the forearm and gripping, and pain along the inner forearm on 19 October 2007.

The diagnosis is based on a discrete injury forcing the left wrist into ulnar deviation and pronation under load, with immediate ulnar-sided pain, a click and swelling, tenderness at the ulnar fovea and a positive ulnocarpal stress test, confirmed by MRI on 18 March 2008 showing a peripheral tear of the TFCC and a strain of the flexor carpi ulnaris. Tearing of the TFCC ligaments with pain and tenderness within 24 hours meets the Statement of Principles definition of sprain, and the tendon injury meets the definition of strain. The wrist was normal and stable before the injury, so this is not recurrent sprain due to joint instability, and there was no degenerative central perforation.

After the condition arose, it was worsened during your service. The fall onto your outstretched pronated left hand on the aircraft ramp occurred on 7 June 2011 during cargo operations on warlike service in the Middle East Area of Operations, and caused progression of the TFCC tear to complete foveal detachment. The forceful stretching of your contracting wrist flexors when the cargo strap released occurred on 7 June 2011 on warlike service in the Middle East Area of Operations and caused the partial tear of the flexor carpi ulnaris shown on MRI of 10 October 2011. On warlike service in 2007 there was no MRI or hand surgeon in theatre and no replacement loadmaster, so you flew on with an unimmobilised TFCC tear for more than two months and was not imaged for five months.

This has then led to further investigations and the diagnosis of your condition of *TFCC Sprain (Worsening)*. I have accepted your condition of *TFCC 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 7 June 2011.

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