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 - Ulnar Styloid 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 23 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 June 2025;
- An emergency record and X-ray report by the base health centre, dated 11 September 2001;
- A fracture clinic review and X-ray report by the orthopaedic registrar, dated 6 December 2001;
- A periodic health examination by the medical officer, Base health centre, dated 20 June 2009;
- A pre-deployment health assessment by the medical officer, dated 15 November 2010;
- An emergency record and X-ray report by Role 3 hospital, Afghanistan, dated 14 May 2011;
- A deployed health record and telehealth orthopaedic advice by the medical officer, Afghanistan, dated 26 May 2011;
- A respiratory consultation and X-ray report by the respiratory physician, dated 25 August 2011;
- An endocrinology consultation and pathology by the endocrinologist, dated 16 January 2012;
- A DXA bone densitometry report by the radiologist, dated 8 February 2012;
- A specialist consultation and CT report by the orthopaedic hand surgeon, dated 20 March 2012;
- An operation report by the orthopaedic hand surgeon, dated 14 August 2012.

Your service

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

20 July 1998 and 15 March 2018

Left Wrist - Ulnar Styloid 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: Ulnar Styloid Fracture

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 June 2025, and is supported by an emergency record and X-ray report by Role 3 hospital, Afghanistan, dated 14 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 sudden severe pain, swelling and bruising over the ulnar side of the left wrist after the fall, with pain on gripping and forearm rotation, after three

months of increasing ulnar-sided wrist ache on push-ups, dips and holding your rifle on 14 May 2011.

The diagnosis was confirmed by X-ray at the role 3 hospital on 14 May 2011, which showed a displaced transverse fracture through the base of the left ulnar styloid. The sclerotic margins and periosteal new bone showed that a fatigue stress fracture was present before the fall, consistent with the three months of loading pain you described. This is an acquired break of bone from an applied force that would ordinarily break healthy bone, and it includes a stress fracture of the fatigue type, meeting the Statement of Principles definition of fracture. The bone was healthy at the time of the fracture, so it is not a pathological or insufficiency fracture.

This has then led to further investigations and the diagnosis of your condition of *Ulnar Styloid Fracture*. I have accepted your condition of *Ulnar Styloid 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 14 May 2011.

Left Wrist - Ulnar Styloid 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 23 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 June 2025;
- An emergency record and X-ray report by the base health centre, dated 11 September 2001;
- A fracture clinic review and X-ray report by the orthopaedic registrar, dated 6 December 2001;
- A periodic health examination by the medical officer, Base health centre, dated 20 June 2009;
- A pre-deployment health assessment by the medical officer, dated 15 November 2010;
- An emergency record and X-ray report by Role 3 hospital, Afghanistan, dated 14 May 2011;
- A deployed health record and telehealth orthopaedic advice by the medical officer, Afghanistan, dated 26 May 2011;
- A respiratory consultation and X-ray report by the respiratory physician, dated 25 August 2011;
- An endocrinology consultation and pathology by the endocrinologist, dated 16 January 2012;
- A DXA bone densitometry report by the radiologist, dated 8 February 2012;
- A specialist consultation and CT report by the orthopaedic hand surgeon, dated 20 March 2012;
- An operation report by the orthopaedic hand surgeon, dated 14 August 2012.

Your service

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

20 July 1998 and 15 March 2018

Left Wrist - Ulnar Styloid 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: Ulnar Styloid Fracture (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 June 2025, and is supported by an emergency record and X-ray report by Role 3 hospital, Afghanistan, dated 14 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 sudden severe pain, swelling and bruising over the ulnar side of the left wrist after the fall, with pain on gripping and forearm rotation, after three months of increasing ulnar-sided wrist ache on push-ups, dips and holding your rifle on 14 May 2011.

The diagnosis was confirmed by X-ray at the role 3 hospital on 14 May 2011, which showed a displaced transverse fracture through the base of the left ulnar styloid. The sclerotic margins and periosteal new bone showed that a fatigue stress fracture was present before the fall, consistent with the three months of loading pain you described. This is an acquired break of bone from an applied force that would ordinarily break healthy bone, and it includes a stress fracture of the fatigue type, meeting the Statement of Principles definition of fracture. The bone was healthy at the time of the fracture, so it is not a pathological or insufficiency fracture.

After the condition arose, it was worsened during your service. You smoked 20 to 25 cigarettes a day throughout treatment of the fracture, from 14 May 2011 to the non-union confirmed on 20 March 2012, as recorded at your reviews of 26 May 2011 and 20 March 2012. An endocrinologist diagnosed type 2 diabetes mellitus on 16 January 2012, with an HbA1c of 7.9 per cent, induced by prednisolone prescribed from 25 August 2011 for asthma caused by dust

and burn-pit smoke on deployment. On 26 May 2011 an orthopaedic surgeon advised above-elbow cast immobilisation and early specialist review in Australia, but you were required to remain in Afghanistan until 30 July 2011 and was managed in a below-elbow splint on light duties, without specialist follow-up or repeat imaging.

This has then led to further investigations and the diagnosis of your condition of *Ulnar Styloid Fracture (Worsening)*. I have accepted your condition of *Ulnar Styloid 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 20 March 2012.

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