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.

Right Clavicle - 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 9 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- A pre-deployment medical examination by the regimental medical officer, dated 12 February 2009;
- A deployed clinical record by the medical officer, Afghanistan, dated 3 July 2009;
- A casualty record by the battery medic, Afghanistan, dated 14 August 2009;
- A role 2 clinical record and X-ray report by the medical officer, Afghanistan, dated 15 August 2009;
- An outpatient health record and referral by the medical officer, Garrison health centre, dated 18 January 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 18 January 2010;
- Pathology results and outpatient health record by the medical officer, Garrison health centre, dated 6 April 2010;
- A DXA bone densitometry report by the nuclear medicine physician, dated 20 May 2010;
- An orthopaedic consultation and CT report by the orthopaedic surgeon, dated 22 June 2010;
- An operation report by the orthopaedic surgeon, dated 16 September 2010;
- An X-ray report by the radiologist, dated 18 May 2011;
- A medical board and separation health examination by the senior medical officer, dated 20 January 2014.

Your service

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

18 July 2005 and 20 January 2014

Right Clavicle - 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: Fracture

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 July 2025, and is supported by a role 2 clinical record and X-ray report by the medical officer, Afghanistan, dated 15 August 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 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 severe pain over the right collarbone after a 43

kilogram projectile dropped onto it, following three weeks of aching after loading shifts on 14 August 2009.

The diagnosis was confirmed by X-ray on 15 August 2009 at the role 2 facility, showing a complete displaced midshaft fracture of the right clavicle with periosteal new bone at the fracture margins, indicating a stress fracture completed by acute impact. This meets the Statement of Principles definition of fracture, a break in the continuity of a bone, and of stress fracture.

This has then led to further investigations and the diagnosis of your condition of *Fracture*. I have accepted your condition of *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 August 2009.

Right Clavicle - 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 9 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 July 2025;
- A pre-deployment medical examination by the regimental medical officer, dated 12 February 2009;
- A deployed clinical record by the medical officer, Afghanistan, dated 3 July 2009;
- A casualty record by the battery medic, Afghanistan, dated 14 August 2009;
- A role 2 clinical record and X-ray report by the medical officer, Afghanistan, dated 15 August 2009;
- An outpatient health record and referral by the medical officer, Garrison health centre, dated 18 January 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 18 January 2010;
- Pathology results and outpatient health record by the medical officer, Garrison health centre, dated 6 April 2010;
- A DXA bone densitometry report by the nuclear medicine physician, dated 20 May 2010;
- An orthopaedic consultation and CT report by the orthopaedic surgeon, dated 22 June 2010;
- An operation report by the orthopaedic surgeon, dated 16 September 2010;
- An X-ray report by the radiologist, dated 18 May 2011;
- A medical board and separation health examination by the senior medical officer, dated 20 January 2014.

Your service

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

18 July 2005 and 20 January 2014

Right Clavicle - 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: Fracture (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 July 2025, and is supported by a role 2 clinical record and X-ray report by the medical officer, Afghanistan, dated 15 August 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 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 severe pain over the right collarbone after a 43 kilogram projectile dropped onto it, following three weeks of aching after loading shifts on 14 August 2009.

The diagnosis was confirmed by X-ray on 15 August 2009 at the role 2 facility, showing a complete displaced midshaft fracture of the right clavicle with periosteal new bone at the fracture margins, indicating a stress fracture completed by acute impact. This meets the Statement of Principles definition of fracture, a break in the continuity of a bone, and of stress fracture.

After the condition arose, it was worsened during your service. You smoked about 20 cigarettes a day throughout the treatment of the fracture, from 15 August 2009 to the confirmation of non-union on 22 June 2010, as recorded on 15 August 2009, 18 January 2010 and 22 June 2010. Type 2 diabetes mellitus was diagnosed on 6 April 2010, with an HbA1c of 7.6 per cent, after rapid weight gain from olanzapine and the inactivity imposed by the fracture. After your return to Australia you were referred to an orthopaedic surgeon on 18 January 2010 for pain and movement at the fracture site five months after the injury, but because of military waiting lists you were not reviewed until 22 June 2010.

This has then led to further investigations and the diagnosis of your condition of *Fracture (Worsening)*. I have accepted your condition of *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 22 June 2010.

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.