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 Hand Little Finger - Chip Fracture of Middle Phalanx

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 14 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 October 2025;
- A base medical record and X-ray report by the medical officer, dated 19 September 2006;
- A pre-deployment aircrew medical examination by the medical officer, dated 4 December 2007;
- A base medical record and CT brain report by the medical officer, Middle East Area of Operations, dated 22 February 2008;
- A neurology consultation by the neurologist, dated 10 March 2008;
- A treatment record by the medic, Middle East Area of Operations, dated 18 April 2008;
- A base medical record and X-ray report by the medical officer, Middle East Area of Operations, dated 6 May 2008;
- An outpatient health record and pathology by the medical officer, RAAF base health centre, dated 3 November 2008;
- A DXA report and endocrinology consultation by the endocrinologist, dated 1 December 2008;
- A CT right little finger report by the radiologist, dated 18 December 2008;
- An operation report by the hand surgeon, dated 10 February 2009.

Your service

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

7 July 1999 and 12 March 2014

Right Hand Little Finger - Chip Fracture of Middle Phalanx

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: Chip Fracture of Middle Phalanx

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by a base medical record and X-ray report by the medical officer, Middle East Area of Operations, dated 6 May 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 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 pain, swelling and bruising of the middle joint of the right little finger, tenderness on the palm side of the joint and inability to bend the finger fully on 6 May 2008.

The diagnosis was made on 6 May 2008 on the history of a hyperextension injury, volar tenderness and swelling of the proximal interphalangeal joint, and X-rays showing an undisplaced chip fracture from the volar base of the middle phalanx. This meets the Statement of Principles definition of fracture, a break in the continuity of a bone.

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

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 2008.

Right Hand Little Finger - Chip Fracture of Middle Phalanx (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 14 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 October 2025;
- A base medical record and X-ray report by the medical officer, dated 19 September 2006;
- A pre-deployment aircrew medical examination by the medical officer, dated 4 December 2007;
- A base medical record and CT brain report by the medical officer, Middle East Area of Operations, dated 22 February 2008;
- A neurology consultation by the neurologist, dated 10 March 2008;
- A treatment record by the medic, Middle East Area of Operations, dated 18 April 2008;
- A base medical record and X-ray report by the medical officer, Middle East Area of Operations, dated 6 May 2008;
- An outpatient health record and pathology by the medical officer, RAAF base health centre, dated 3 November 2008;
- A DXA report and endocrinology consultation by the endocrinologist, dated 1 December 2008;
- A CT right little finger report by the radiologist, dated 18 December 2008;
- An operation report by the hand surgeon, dated 10 February 2009.

Your service

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

7 July 1999 and 12 March 2014

Right Hand Little Finger - Chip Fracture of Middle Phalanx (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: Chip Fracture of Middle Phalanx (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by a base medical record and X-ray report by the medical officer, Middle East Area of Operations, dated 6 May 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 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 pain, swelling and bruising of the middle joint of the right little finger, tenderness on the palm side of the joint and inability to bend the finger fully on 6 May 2008.

The diagnosis was made on 6 May 2008 on the history of a hyperextension injury, volar tenderness and swelling of the proximal interphalangeal joint, and X-rays showing an undisplaced chip fracture from the volar base of the middle phalanx. This meets the Statement of Principles definition of fracture, a break in the continuity of a bone.

After the condition arose, it was worsened during your service. You smoked about 15 cigarettes a day throughout the treatment of the fracture, from 6 May 2008 to the confirmation of non-union on 18 December 2008, as recorded on 22 February 2008, 3 November 2008 and 18 December 2008, including the five months of peacetime service in Australia after your return. Type 2 diabetes mellitus was diagnosed on 3 November 2008, with a fasting glucose of 8.0 millimoles per litre and an HbA1c of 7.0 per cent, after weight gain of 25 kilograms on sodium valproate for your seizure disorder. After your return to Australia on 20 July 2008 you reported a swollen, clicking little finger, but referral to a hand surgeon and follow-up imaging were delayed by

military waiting lists until December 2008, and the joint remained unsplinted and unprotected for five months.

This has then led to further investigations and the diagnosis of your condition of *Chip Fracture of Middle Phalanx (Worsening)*. I have accepted your condition of *Chip Fracture of Middle Phalanx (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 18 December 2008.

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