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 - Possible 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 17 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 March 2025;
- An emergency department record and X-ray report by the orthopaedic registrar, dated 22 April 2008;
- A pre-deployment health assessment by the medical officer, dated 5 January 2010;
- A patrol base treatment record by the medic, Afghanistan, dated 21 May 2010;
- A role 2 treatment record and X-ray report by the medical officer, Afghanistan, dated 6 June 2010;
- A treatment record by the medical officer, Afghanistan, dated 30 July 2010;
- An MRI right wrist report by the radiologist, dated 18 October 2010;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 18 October 2010;
- A CT right wrist and DXA reports by the radiologist, dated 14 February 2011;
- An endocrinology consultation by the endocrinologist, dated 21 February 2011;
- An operation report by the hand surgeon, dated 9 March 2011;
- A CT right wrist report by the radiologist, dated 10 August 2011.

Your service

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

3 February 2007 and 19 November 2014

Right Hand - Possible 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: Possible Scaphoid Fracture

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 March 2025, and is supported by an MRI right wrist report by the radiologist, dated 18 October 2010.

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 pain and swelling over the radial side of the right wrist, marked tenderness in the anatomical snuffbox and over the scaphoid tubercle, pain on gripping and loss of wrist extension on 6 June 2010.

The diagnosis was made clinically on 6 June 2010 on the classic findings of anatomical snuffbox tenderness, scaphoid tubercle tenderness and pain on axial compression of the thumb after a fall onto the outstretched hand, and it was confirmed by MRI on 18 October 2010, which showed a fracture through the scaphoid waist with marrow oedema and periosteal reaction. 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 *Possible Scaphoid Fracture*. I have accepted your condition of *Possible 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 June 2010.

Right Hand - Possible 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 17 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 March 2025;
- An emergency department record and X-ray report by the orthopaedic registrar, dated 22 April 2008;
- A pre-deployment health assessment by the medical officer, dated 5 January 2010;
- A patrol base treatment record by the medic, Afghanistan, dated 21 May 2010;
- A role 2 treatment record and X-ray report by the medical officer, Afghanistan, dated 6 June 2010;
- A treatment record by the medical officer, Afghanistan, dated 30 July 2010;
- An MRI right wrist report by the radiologist, dated 18 October 2010;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 18 October 2010;
- A CT right wrist and DXA reports by the radiologist, dated 14 February 2011;
- An endocrinology consultation by the endocrinologist, dated 21 February 2011;
- An operation report by the hand surgeon, dated 9 March 2011;
- A CT right wrist report by the radiologist, dated 10 August 2011.

Your service

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

3 February 2007 and 19 November 2014

Right Hand - Possible 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: Possible Scaphoid Fracture (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 March 2025, and is supported by an MRI right wrist report by the radiologist, dated 18 October 2010.

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 pain and swelling over the radial side of the right wrist, marked tenderness in the anatomical snuffbox and over the scaphoid tubercle, pain on gripping and loss of wrist extension on 6 June 2010.

The diagnosis was made clinically on 6 June 2010 on the classic findings of anatomical snuffbox tenderness, scaphoid tubercle tenderness and pain on axial compression of the thumb after a fall onto the outstretched hand, and it was confirmed by MRI on 18 October 2010, which showed a fracture through the scaphoid waist with marrow oedema and periosteal reaction. 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 15 cigarettes a day at the date of injury and 20 a day from August 2010, as recorded on 21 May 2010, 18 October 2010 and 14 February 2011, throughout the treatment of the fracture from 6 June 2010 to the confirmation of non-union on 14 February 2011. Type 2 diabetes mellitus was diagnosed on 18 October 2010, with a fasting glucose of 9.1 millimoles per litre and an HbA1c of 7.4 per cent, after almost three months of prednisolone 25 milligrams daily and rapid weight gain. After your return to Australia on 30 September 2010 you were placed on a waiting list for wrist MRI at the garrison health facility and was not imaged until 18 October 2010, more than four months after the injury, and the referral to a hand surgeon then waited until February 2011 because of military specialist waiting lists.

This has then led to further investigations and the diagnosis of your condition of *Possible Scaphoid Fracture (Worsening)*. I have accepted your condition of *Possible 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 2011.

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