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 Ribs - External Bruise

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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A pre-deployment medical examination by the medical officer, dated 20 September 2011;
- A patrol medic casualty record by the combat medic, Afghanistan, dated 18 February 2012;
- A medical consultation and chest X-ray by the medical officer, Forward operating base, dated 20 February 2012;
- A consultation and ultrasound report by Role 2 medical facility, dated 25 February 2012;
- A surgical consultation and procedure note by the surgeon, Role 3 hospital, dated 12 March 2012;
- A return to Australia medical review and ultrasound by the medical officer, dated 23 April 2012.

Your service

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

8 February 2007 and 19 May 2020

Right Ribs - External Bruise

You have stated that your condition was caused by:

- *having trauma involving the affected site within the 24 hours before clinical onset*

Diagnosis: External Bruise

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a medical consultation and chest X-ray by the medical officer, Forward operating base, dated 20 February 2012.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Traumatic Contusion or Haematoma (Reasonable Hypothesis) (No. 43 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 trauma involving the affected site within the 24 hours before 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 sharp right-sided chest wall pain, worse with deep breathing, coughing, twisting and lying on the right side, with visible bruising and swelling over the lower right ribs on 18 February 2012.

The diagnosis was made clinically on 18 February 2012 by the patrol medic and confirmed on 20 February 2012 by a medical officer, who recorded bruising of 12 by 8 cm, point tenderness over the right 7th to 10th ribs and pain on deep inspiration, following a documented blunt impact. The chest X-ray excluded a rib fracture, pneumothorax and effusion. This meets the Statement of Principles definition of traumatic contusion, being bleeding into the soft tissues caused by blunt trauma.

This has then led to further investigations and the diagnosis of your condition of *External Bruise*. I have accepted your condition of *External Bruise*.

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 17 February 2012.

Right Ribs - External Bruise (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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A pre-deployment medical examination by the medical officer, dated 20 September 2011;
- A patrol medic casualty record by the combat medic, Afghanistan, dated 18 February 2012;
- A medical consultation and chest X-ray by the medical officer, Forward operating base, dated 20 February 2012;
- A consultation and ultrasound report by Role 2 medical facility, dated 25 February 2012;
- A surgical consultation and procedure note by the surgeon, Role 3 hospital, dated 12 March 2012;
- A return to Australia medical review and ultrasound by the medical officer, dated 23 April 2012.

Your service

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

8 February 2007 and 19 May 2020

Right Ribs - External Bruise (Worsening)

You have stated that the worsening of your condition was caused by:

- *inability to obtain appropriate clinical management for traumatic contusion or haematoma before clinical worsening*

Diagnosis: External Bruise (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a medical consultation and chest X-ray by the medical officer, Forward operating base, dated 20 February 2012.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Traumatic Contusion or Haematoma (Reasonable Hypothesis) (No. 43 of 2024)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for traumatic contusion or haematoma 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 sharp right-sided chest wall pain, worse with deep breathing, coughing, twisting and lying on the right side, with visible bruising and swelling over the lower right ribs on 18 February 2012.

The diagnosis was made clinically on 18 February 2012 by the patrol medic and confirmed on 20 February 2012 by a medical officer, who recorded bruising of 12 by 8 cm, point tenderness over the right 7th to 10th ribs and pain on deep inspiration, following a documented blunt impact. The chest X-ray excluded a rib fracture, pneumothorax and effusion. This meets the Statement of Principles definition of traumatic contusion, being bleeding into the soft tissues caused by blunt trauma.

After the condition arose, it was worsened during your service. From 20 to 25 February 2012, on warlike service in Afghanistan, operational commitments prevented you from resting, icing the injury or attending the advised review, and you continued to wear body armour over the injured chest wall.

This has then led to further investigations and the diagnosis of your condition of *External Bruise (Worsening)*. I have accepted your condition of *External Bruise (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 25 February 2012.

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