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 Wrist - Chronic Sprain/TFCC Tear

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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 April 2025;
- A role 1 treatment record by the medical officer, Afghanistan, dated 9 October 2010;
- A periodic health examination by the medical officer, Garrison health centre, dated 14 March 2012;
- An outpatient health record by the regimental medical officer, dated 14 May 2012;
- An MRI right wrist report by the radiologist, dated 2 July 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 19 March 2014;
- An MRI arthrogram right wrist report by the radiologist, dated 28 April 2014;
- A specialist consultation by the hand surgeon, dated 11 June 2014;
- An ulnocarpal injection procedure note by the hand surgeon, dated 25 July 2014;
- A deployed treatment record by the medical officer, Iraq, dated 21 November 2016;
- An MRI arthrogram right wrist report by the radiologist, dated 24 January 2017;
- An operation report by the hand surgeon, dated 6 June 2017.

Your service

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

7 February 2005 and 30 October 2019

Right Wrist - Chronic Sprain/TFCC Tear

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Chronic Sprain/TFCC Tear

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 April 2025, and is supported by an MRI right wrist report by the radiologist, dated 2 July 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 Sprain and Strain (Balance of Probabilities) (No. 28 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

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 ulnar-sided right wrist pain, swelling, a painful click on forearm rotation, weakness of grip and pain when lifting projectiles, turning door handles or doing push-ups on 14 May 2012.

The diagnosis was made clinically by the regimental medical officer on 14 May 2012, with tenderness at the ulnar fovea, a positive ulnar grind test and pain on resisted ulnar deviation, after a fall onto an outstretched hand. It was confirmed on MRI on 2 July 2012, which showed a partial-thickness tear of the triangular fibrocartilage complex, sprain of the ulnar collateral ligament complex and partial strain of the extensor carpi ulnaris tendon. This meets the Statement of Principles definition of a sprain, an injury to a joint ligament, and of a strain, an injury to a muscle or tendon.

This has then led to further investigations and the diagnosis of your condition of *Chronic Sprain/TFCC Tear*. I have accepted your condition of *Chronic Sprain/TFCC Tear*.

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 14 May 2012.

Right Wrist - Chronic Sprain/TFCC Tear (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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 April 2025;
- A role 1 treatment record by the medical officer, Afghanistan, dated 9 October 2010;
- A periodic health examination by the medical officer, Garrison health centre, dated 14 March 2012;
- An outpatient health record by the regimental medical officer, dated 14 May 2012;
- An MRI right wrist report by the radiologist, dated 2 July 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 19 March 2014;
- An MRI arthrogram right wrist report by the radiologist, dated 28 April 2014;
- A specialist consultation by the hand surgeon, dated 11 June 2014;
- An ulnocarpal injection procedure note by the hand surgeon, dated 25 July 2014;
- A deployed treatment record by the medical officer, Iraq, dated 21 November 2016;
- An MRI arthrogram right wrist report by the radiologist, dated 24 January 2017;
- An operation report by the hand surgeon, dated 6 June 2017.

Your service

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

7 February 2005 and 30 October 2019

Right Wrist - Chronic Sprain/TFCC Tear (Worsening)

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

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*

- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Chronic Sprain/TFCC Tear (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 April 2025, and is supported by an MRI right wrist report by the radiologist, dated 2 July 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 Sprain and Strain (Balance of Probabilities) (No. 28 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

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 ulnar-sided right wrist pain, swelling, a painful click on forearm rotation, weakness of grip and pain when lifting projectiles, turning door handles or doing push-ups on 14 May 2012.

The diagnosis was made clinically by the regimental medical officer on 14 May 2012, with tenderness at the ulnar fovea, a positive ulnar grind test and pain on resisted ulnar deviation, after a fall onto an outstretched hand. It was confirmed on MRI on 2 July 2012, which showed a partial-thickness tear of the triangular fibrocartilage complex, sprain of the ulnar collateral ligament complex and partial strain of the extensor carpi ulnaris tendon. This meets the Statement of Principles definition of a sprain, an injury to a joint ligament, and of a strain, an injury to a muscle or tendon.

After the condition arose, it was worsened during your service. After onset the wrist settled only partially. In the same incident on 19 March 2014 you tried to hold the rolling projectile with your right hand, a sudden eccentric load on the extensor carpi ulnaris with the forearm supinated. Your wrist worsened because appropriate management was not obtained in time.

This has then led to further investigations and the diagnosis of your condition of *Chronic Sprain/TFCC Tear (Worsening)*. I have accepted your condition of *Chronic Sprain/TFCC Tear (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 28 April 2014.

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