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 - ECU Sprain

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 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 18 November 2010;
- A patrol casualty record by the combat medical technician, Afghanistan, dated 7 June 2011;
- A role 3 hospital outpatient record and X-ray report by the medical officer and radiologist, Afghanistan, dated 26 July 2011;
- An MRI right wrist report by the radiologist, dated 14 December 2011;
- A specialist consultation by the sports and exercise physician, dated 9 January 2012;
- A hand therapy splinting record by the hand therapist, dated 9 January 2012;
- An outpatient health record by the medical officer, Iraq, dated 23 January 2016;
- An MRI right wrist report by the radiologist, dated 18 July 2016;
- An operation report by the hand surgeon, dated 22 September 2016;
- A medical discharge documentation by the medical employment classification review board, dated 30 June 2019.

Your service

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

12 January 2008 and 30 June 2019

Right Wrist - ECU Sprain

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: ECU Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a specialist consultation by the sports and exercise physician, dated 9 January 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 (Reasonable Hypothesis) (No. 27 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 sudden sharp ulnar-sided right wrist pain, swelling over the back of the wrist on the little finger side, a painful clunk when turning the palm up and weakness of grip, particularly when holding your rifle or carrying loads by hand on 7 June 2011.

The diagnosis was confirmed by MRI of the right wrist on 14 December 2011, which showed a tear of the extensor carpi ulnaris subsheath with subluxation of the tendon on supination, a partial longitudinal split of the tendon and a sprain of the ulnar collateral and dorsal radioulnar ligaments, and by a sports and exercise physician on 9 January 2012. The injury followed a discrete, documented traumatic event and produced immediate pain, swelling and loss of function, meeting the Statement of Principles definitions of sprain (an acute injury to a joint ligament) and strain (an acute injury to a muscle or tendon).

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

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 7 June 2011.

Right Wrist - ECU Sprain (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 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 18 November 2010;
- A patrol casualty record by the combat medical technician, Afghanistan, dated 7 June 2011;
- A role 3 hospital outpatient record and X-ray report by the medical officer and radiologist, Afghanistan, dated 26 July 2011;
- An MRI right wrist report by the radiologist, dated 14 December 2011;
- A specialist consultation by the sports and exercise physician, dated 9 January 2012;
- A hand therapy splinting record by the hand therapist, dated 9 January 2012;
- An outpatient health record by the medical officer, Iraq, dated 23 January 2016;
- An MRI right wrist report by the radiologist, dated 18 July 2016;
- An operation report by the hand surgeon, dated 22 September 2016;
- A medical discharge documentation by the medical employment classification review board, dated 30 June 2019.

Your service

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

12 January 2008 and 30 June 2019

Right Wrist - ECU Sprain (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: ECU Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by a specialist consultation by the sports and exercise physician, dated 9 January 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 (Reasonable Hypothesis) (No. 27 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 sudden sharp ulnar-sided right wrist pain, swelling over the back of the wrist on the little finger side, a painful clunk when turning the palm up and weakness of grip, particularly when holding your rifle or carrying loads by hand on 7 June 2011.

The diagnosis was confirmed by MRI of the right wrist on 14 December 2011, which showed a tear of the extensor carpi ulnaris subsheath with subluxation of the tendon on supination, a partial longitudinal split of the tendon and a sprain of the ulnar collateral and dorsal radioulnar ligaments, and by a sports and exercise physician on 9 January 2012. The injury followed a discrete, documented traumatic event and produced immediate pain, swelling and loss of function, meeting the Statement of Principles definitions of sprain (an acute injury to a joint ligament) and strain (an acute injury to a muscle or tendon).

After the condition arose, it was worsened during your service. The worsening occurred on 23 January 2016 on warlike service in Iraq, where you were training partner force soldiers. In the same takedown on warlike service in Iraq on 23 January 2016 the extensor carpi ulnaris was forcibly stretched while resisting the lock, completing the subsheath rupture and extending the tendon split. On warlike service in Afghanistan you had no access to imaging, hand therapy or a custom splint for seven weeks and kept patrolling with a strapped wrist, and on warlike service in Iraq in 2016 no hand surgeon was available after the worsening.

This has then led to further investigations and the diagnosis of your condition of *ECU Sprain (Worsening)*. I have accepted your condition of *ECU Sprain (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 23 January 2016.

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