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 - 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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- An outpatient health record and X-ray report (right elbow) by the medical officer and radiologist, dated 9 August 2004;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 14 February 2006;
- A health record by the medic, Iraq, dated 26 July 2006;
- A casualty record and X-ray report by Role 2 facility, Iraq, dated 22 September 2006;
- A health record by the medical officer, Iraq, dated 20 October 2006;
- An orthopaedic consultation and CT report by the orthopaedic surgeon and radiologist, dated 15 March 2007;
- An outpatient health record by the medical officer, Garrison health centre, dated 4 June 2007;
- A DXA report and endocrinology consultation by the endocrinologist, dated 10 July 2007;
- A CT right wrist report by the radiologist, dated 2 August 2007;
- An operation report by the orthopaedic hand surgeon, dated 30 August 2007;
- A medical discharge documentation by the medical employment classification review board, dated 20 November 2008.

Your service

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

5 April 1999 and 20 November 2008

Right Wrist - 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: Fracture

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a casualty record and X-ray report by Role 2 facility, Iraq, dated 22 September 2006.

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 severe pain and swelling on the thumb side of the right wrist, pain on gripping and on pushing through the hand, and loss of wrist movement, after several weeks of aching in the same place with hammering and push-ups on 22 September 2006.

The diagnosis was confirmed by X-ray of the right wrist and scaphoid series on 22 September 2006, which showed a fracture through the waist of the scaphoid with sclerosis and cysts along

the fracture margins, meeting the Statement of Principles definition of fracture as a break in the continuity of a bone. The marginal sclerosis and the weeks of preceding snuffbox pain with repetitive loading identify it as a stress fracture completed by acute trauma.

This has then led to further investigations and the diagnosis of your condition of *Fracture*. I have accepted your condition of *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 22 September 2006.

Right Wrist - 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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- An outpatient health record and X-ray report (right elbow) by the medical officer and radiologist, dated 9 August 2004;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 14 February 2006;
- A health record by the medic, Iraq, dated 26 July 2006;
- A casualty record and X-ray report by Role 2 facility, Iraq, dated 22 September 2006;
- A health record by the medical officer, Iraq, dated 20 October 2006;
- An orthopaedic consultation and CT report by the orthopaedic surgeon and radiologist, dated 15 March 2007;
- An outpatient health record by the medical officer, Garrison health centre, dated 4 June 2007;
- A DXA report and endocrinology consultation by the endocrinologist, dated 10 July 2007;
- A CT right wrist report by the radiologist, dated 2 August 2007;
- An operation report by the orthopaedic hand surgeon, dated 30 August 2007;
- A medical discharge documentation by the medical employment classification review board, dated 20 November 2008.

Your service

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

5 April 1999 and 20 November 2008

Right Wrist - 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: Fracture (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by a casualty record and X-ray report by Role 2 facility, Iraq, dated 22 September 2006.

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 severe pain and swelling on the thumb side of the right wrist, pain on gripping and on pushing through the hand, and loss of wrist movement, after several weeks of aching in the same place with hammering and push-ups on 22 September 2006.

The diagnosis was confirmed by X-ray of the right wrist and scaphoid series on 22 September 2006, which showed a fracture through the waist of the scaphoid with sclerosis and cysts along the fracture margins, meeting the Statement of Principles definition of fracture as a break in the continuity of a bone. The marginal sclerosis and the weeks of preceding snuffbox pain with repetitive loading identify it as a stress fracture completed by acute trauma.

After the condition arose, it was worsened during your service. You smoked about 25 cigarettes a day throughout the treatment of the fracture, from 22 September 2006 to the confirmation of non-union on CT on 2 August 2007, as recorded on 22 September 2006, 15 March 2007 and 2 August 2007, including the nine months of peacetime service in Australia after your return. Type 2 diabetes mellitus was diagnosed on 4 June 2007, with a fasting glucose of 8.9 millimoles per litre and an HbA1c of 7.4 per cent, after repeated courses of prednisolone for asthma and weight gain during the inactivity imposed by the fracture. After your return to Australia on 30 October 2006 your referral to an orthopaedic surgeon was delayed by military waiting lists, and you were

not reviewed and did not have a CT scan until 15 March 2007, almost six months after the fracture.

This has then led to further investigations and the diagnosis of your condition of *Fracture (Worsening)*. I have accepted your condition of *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 2 August 2007.

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