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 - Minor Torus Fracture of Distal Ulna

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 9 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 October 2025;
- An outpatient health record and X-ray report (right elbow) by the medical officer and radiologist, dated 6 May 2003;
- A pre-deployment medical examination by the medical officer, RAAF base health centre, dated 22 June 2005;
- A detachment health record by the medic, Solomon Islands, dated 25 August 2005;
- A casualty record and X-ray report by the medic and radiologist, Solomon Islands, dated 14 September 2005;
- A detachment health record by the medical officer, Solomon Islands, dated 21 September 2005;
- A hospital discharge summary by the physician, dated 8 February 2006;
- An orthopaedic consultation and X-ray report by the orthopaedic surgeon, dated 10 April 2006;
- A DXA report and endocrinology consultation by the endocrinologist, dated 6 June 2006;
- A CT right wrist report by the radiologist, dated 20 June 2006;
- An operation report by the orthopaedic surgeon, dated 18 July 2006;
- A medical discharge documentation by the medical employment classification review board, dated 30 September 2010.

Your service

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

11 February 1997 and 30 September 2010

Right Wrist - Minor Torus Fracture of Distal Ulna

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: Minor Torus Fracture of Distal Ulna

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 October 2025, and is supported by a casualty record and X-ray report by the medic and radiologist, Solomon Islands, dated 14 September 2005.

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 pain and swelling over the ulnar side of the

right wrist after several weeks of aching in the same place with ratchet work on 14 September 2005.

The diagnosis was confirmed by X-ray of the right wrist on 14 September 2005, which showed a minor torus fracture of the distal ulnar metaphysis with a band of sclerosis, meeting the Statement of Principles definition of fracture as a break in the continuity of a bone. The sclerotic band and the weeks of preceding pain with repetitive loading identify a stress injury completed by acute trauma.

This has then led to further investigations and the diagnosis of your condition of *Minor Torus Fracture of Distal Ulna*. I have accepted your condition of *Minor Torus Fracture of Distal Ulna*.

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 14 September 2005.

Right Wrist - Minor Torus Fracture of Distal Ulna (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 9 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 October 2025;
- An outpatient health record and X-ray report (right elbow) by the medical officer and radiologist, dated 6 May 2003;
- A pre-deployment medical examination by the medical officer, RAAF base health centre, dated 22 June 2005;
- A detachment health record by the medic, Solomon Islands, dated 25 August 2005;
- A casualty record and X-ray report by the medic and radiologist, Solomon Islands, dated 14 September 2005;
- A detachment health record by the medical officer, Solomon Islands, dated 21 September 2005;
- A hospital discharge summary by the physician, dated 8 February 2006;
- An orthopaedic consultation and X-ray report by the orthopaedic surgeon, dated 10 April 2006;
- A DXA report and endocrinology consultation by the endocrinologist, dated 6 June 2006;
- A CT right wrist report by the radiologist, dated 20 June 2006;
- An operation report by the orthopaedic surgeon, dated 18 July 2006;
- A medical discharge documentation by the medical employment classification review board, dated 30 September 2010.

Your service

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

11 February 1997 and 30 September 2010

Right Wrist - Minor Torus Fracture of Distal Ulna (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: Minor Torus Fracture of Distal Ulna (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 October 2025, and is supported by a casualty record and X-ray report by the medic and radiologist, Solomon Islands, dated 14 September 2005.

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 pain and swelling over the ulnar side of the right wrist after several weeks of aching in the same place with ratchet work on 14 September 2005.

The diagnosis was confirmed by X-ray of the right wrist on 14 September 2005, which showed a minor torus fracture of the distal ulnar metaphysis with a band of sclerosis, meeting the Statement of Principles definition of fracture as a break in the continuity of a bone. The sclerotic band and the weeks of preceding pain with repetitive loading identify a stress injury completed by acute trauma.

After the condition arose, it was worsened during your service. You smoked about 20 cigarettes a day throughout the treatment of the fracture, from 14 September 2005 to the confirmation of non-union on CT on 20 June 2006, as recorded on 14 September 2005, 10 April 2006 and 20 June 2006, including six months of peacetime service in Australia after your return. Diabetes mellitus secondary to pancreatitis was diagnosed on 5 May 2006, with a fasting glucose of 9.2 millimoles per litre and an HbA1c of 7.5 per cent, after an admission with acute alcoholic pancreatitis on 8 February 2006. After your return to Australia on 15 December 2005 you reported continuing ulnar-sided wrist pain, but your referral to an orthopaedic surgeon and

follow-up imaging were delayed by military waiting lists until 10 April 2006, almost seven months after the fracture, during which the wrist was unprotected and you continued loadmaster duties.

This has then led to further investigations and the diagnosis of your condition of *Minor Torus Fracture of Distal Ulna (Worsening)*. I have accepted your condition of *Minor Torus Fracture of Distal Ulna (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 20 June 2006.

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