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 - Scapholunate Ligament 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 8 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 May 2025;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 10 December 2007;
- A ship's medical record by the medic, Frigate, dated 19 April 2008;
- A ship's medical record by the ship's medical officer, dated 21 April 2008;
- An X-ray and MRI right wrist reports by the radiologist, dated 16 September 2008;
- A specialist consultation by the hand surgeon, dated 30 September 2008;
- A ship's medical record by the ship's medical officer, dated 14 June 2011;
- An MRI and stress X-ray right wrist reports by the radiologist, dated 3 November 2011;
- An operation report by the hand surgeon, dated 12 January 2012;
- A medical discharge documentation by the medical employment classification review board, dated 15 November 2017.

Your service

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

22 March 2004 and 15 November 2017

Right Wrist - Scapholunate Ligament 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: Scapholunate Ligament Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 May 2025, and is supported by a specialist consultation by the hand surgeon, dated 30 September 2008.

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 pain and swelling over the back of the right wrist, pain on the palm side of the wrist when bending it, and weakness when gripping ropes, ladders and your weapon on 19 April 2008.

The diagnosis was confirmed by MRI of the right wrist on 16 September 2008, which showed a partial tear of the dorsal scapholunate ligament with surrounding oedema and a strain of the flexor carpi radialis tendon, and by a hand surgeon on 30 September 2008. The injury followed a discrete, documented traumatic event with 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 *Scapholunate Ligament Sprain*. I have accepted your condition of *Scapholunate Ligament 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 19 April 2008.

Right Wrist - Scapholunate Ligament 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 8 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 May 2025;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 10 December 2007;
- A ship's medical record by the medic, Frigate, dated 19 April 2008;
- A ship's medical record by the ship's medical officer, dated 21 April 2008;
- An X-ray and MRI right wrist reports by the radiologist, dated 16 September 2008;
- A specialist consultation by the hand surgeon, dated 30 September 2008;
- A ship's medical record by the ship's medical officer, dated 14 June 2011;
- An MRI and stress X-ray right wrist reports by the radiologist, dated 3 November 2011;
- An operation report by the hand surgeon, dated 12 January 2012;
- A medical discharge documentation by the medical employment classification review board, dated 15 November 2017.

Your service

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

22 March 2004 and 15 November 2017

Right Wrist - Scapholunate Ligament 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: Scapholunate Ligament Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 May 2025, and is supported by a specialist consultation by the hand surgeon, dated 30 September 2008.

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 pain and swelling over the back of the right wrist, pain on the palm side of the wrist when bending it, and weakness when gripping ropes, ladders and your weapon on 19 April 2008.

The diagnosis was confirmed by MRI of the right wrist on 16 September 2008, which showed a partial tear of the dorsal scapholunate ligament with surrounding oedema and a strain of the flexor carpi radialis tendon, and by a hand surgeon on 30 September 2008. The injury followed a discrete, documented traumatic event with 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 14 June 2011 on warlike service in the Middle East Area of Operations, when a suspect vessel rolled during a boarding and you were thrown onto your outstretched right hand against a hatch coaming. In the same fall on warlike service on 14 June 2011 the wrist flexors were forcibly stretched while you gripped a grab rail, producing the recurrent flexor carpi radialis strain seen on MRI. On warlike service at sea in 2008 and again in 2011 you had no access to X-ray, MRI, a hand surgeon or a hand therapist, and you were returned to boarding duties in a prefabricated brace.

This has then led to further investigations and the diagnosis of your condition of *Scapholunate Ligament Sprain (Worsening)*. I have accepted your condition of *Scapholunate Ligament 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 14 June 2011.

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.