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 - Strain

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 22 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 April 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 22 October 2009;
- A detachment health record by the medic, Middle East Area of Operations, dated 3 May 2010;
- A detachment health record by the medical officer, Middle East Area of Operations, dated 5 May 2010;
- An MRI right wrist report by the radiologist, dated 10 August 2010;
- A specialist consultation by the sports and exercise physician, dated 24 August 2010;
- A physiotherapy treatment record by the physiotherapist, dated 24 August 2010;
- A detachment health record by the medical officer, Middle East Area of Operations, dated 19 November 2012;
- An MRI right wrist report by the radiologist, dated 14 March 2013;
- A procedure record by the sports physician, dated 16 May 2013;
- A medical discharge documentation by the medical employment classification review board, dated 12 April 2018.

Your service

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

3 February 2006 and 12 April 2018

Right Wrist - Strain

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: Strain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 April 2025, and is supported by a specialist consultation by the sports and exercise physician, dated 24 August 2010.

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 pain on the palm and little finger side of the right wrist and forearm, swelling, bruising and marked weakness of grip, with pain when bending the wrist or turning it towards the little finger on 3 May 2010.

The diagnosis was confirmed by MRI of the right wrist on 10 August 2010, which showed a grade 2 strain of flexor carpi ulnaris with a partial tear and a sprain of the palmar wrist ligaments, and by a sports and exercise physician on 24 August 2010. The injury followed a discrete, documented traumatic event with immediate pain, swelling, bruising and loss of grip, meeting the Statement of Principles definitions of strain (an acute injury to a muscle or tendon) and sprain (an acute injury to a joint ligament).

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

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 3 May 2010.

Right Wrist - Strain (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 22 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 April 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 22 October 2009;
- A detachment health record by the medic, Middle East Area of Operations, dated 3 May 2010;
- A detachment health record by the medical officer, Middle East Area of Operations, dated 5 May 2010;
- An MRI right wrist report by the radiologist, dated 10 August 2010;
- A specialist consultation by the sports and exercise physician, dated 24 August 2010;
- A physiotherapy treatment record by the physiotherapist, dated 24 August 2010;
- A detachment health record by the medical officer, Middle East Area of Operations, dated 19 November 2012;
- An MRI right wrist report by the radiologist, dated 14 March 2013;
- A procedure record by the sports physician, dated 16 May 2013;
- A medical discharge documentation by the medical employment classification review board, dated 12 April 2018.

Your service

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

3 February 2006 and 12 April 2018

Right Wrist - Strain (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: Strain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 April 2025, and is supported by a specialist consultation by the sports and exercise physician, dated 24 August 2010.

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 pain on the palm and little finger side of the right wrist and forearm, swelling, bruising and marked weakness of grip, with pain when bending the wrist or turning it towards the little finger on 3 May 2010.

The diagnosis was confirmed by MRI of the right wrist on 10 August 2010, which showed a grade 2 strain of flexor carpi ulnaris with a partial tear and a sprain of the palmar wrist ligaments, and by a sports and exercise physician on 24 August 2010. The injury followed a discrete, documented traumatic event with immediate pain, swelling, bruising and loss of grip, meeting the Statement of Principles definitions of strain (an acute injury to a muscle or tendon) and sprain (an acute injury to a joint ligament).

After the condition arose, it was worsened during your service. The worsening occurred on 19 November 2012 on warlike service in the Middle East Area of Operations, during an air drop to forces in Afghanistan, when a parachute bundle snagged in the paratroop door and jerked your braced right wrist into forced extension. In the same incident on warlike service on 19 November 2012 flexor carpi ulnaris was forcibly stretched while contracting against the snagged bundle, extending the partial tear to a high-grade tear shown on MRI on 14 March 2013. On warlike service in 2010 and again in 2012 you had no access to ultrasound, MRI or physiotherapy at the

forward air base and returned to dispatching loads within days because there was no replacement.

This has then led to further investigations and the diagnosis of your condition of *Strain (Worsening)*. I have accepted your condition of *Strain (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 19 November 2012.

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