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 - TFCC 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 19 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 May 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 14 November 2007;
- A role 2 medical record by the medical officer, Afghanistan, dated 21 August 2008;
- An X-ray right wrist and theatre review by the medical officer, Afghanistan, dated 30 September 2008;
- An MRI right wrist by the radiologist, dated 3 March 2009;
- A specialist consultation by the hand surgeon, dated 3 March 2009;
- A periodic health examination by the medical officer, Garrison health centre, dated 18 June 2013;
- A deployed medical record by the medical officer, Iraq, dated 11 July 2015;
- An MRI arthrogram right wrist by the radiologist, dated 2 December 2015;
- An operation report by the hand surgeon, dated 14 April 2016;
- A specialist review and medical employment classification by the hand surgeon and medical officer, dated 20 February 2017.

Your service

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

12 January 2004 and 3 June 2019

Right Wrist - TFCC 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: TFCC Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 May 2025, and is supported by an MRI right wrist by the radiologist, dated 3 March 2009.

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 ulnar-sided right wrist pain with swelling within two hours, pain on forearm rotation, pain along the extensor carpi ulnaris tendon on resisted ulnar deviation and reduced grip on 21 August 2008.

The diagnosis was confirmed by MRI of the right wrist on 3 March 2009, which showed a partial-thickness tear of the triangular fibrocartilage complex at its foveal attachment with surrounding oedema and signal change in the extensor carpi ulnaris tendon consistent with a healing strain. This is a tearing of joint ligament fibres and of a tendon, and the onset of pain and tenderness at the site within two hours of the fall meets the Statement of Principles definitions of sprain and strain. The injury was not a recurrent sprain due to joint instability: the distal radioulnar joint was stable on examination in 2008 and 2013.

This has then led to further investigations and the diagnosis of your condition of *TFCC Sprain*. I have accepted your condition of *TFCC 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 21 August 2008.

Right Wrist - TFCC 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 19 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 19 May 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 14 November 2007;
- A role 2 medical record by the medical officer, Afghanistan, dated 21 August 2008;
- An X-ray right wrist and theatre review by the medical officer, Afghanistan, dated 30 September 2008;
- An MRI right wrist by the radiologist, dated 3 March 2009;
- A specialist consultation by the hand surgeon, dated 3 March 2009;
- A periodic health examination by the medical officer, Garrison health centre, dated 18 June 2013;
- A deployed medical record by the medical officer, Iraq, dated 11 July 2015;
- An MRI arthrogram right wrist by the radiologist, dated 2 December 2015;
- An operation report by the hand surgeon, dated 14 April 2016;
- A specialist review and medical employment classification by the hand surgeon and medical officer, dated 20 February 2017.

Your service

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

12 January 2004 and 3 June 2019

Right Wrist - TFCC 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: TFCC Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 19 May 2025, and is supported by an MRI right wrist by the radiologist, dated 3 March 2009.

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 (Balance of Probabilities) (No. 28 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 ulnar-sided right wrist pain with swelling within two hours, pain on forearm rotation, pain along the extensor carpi ulnaris tendon on resisted ulnar deviation and reduced grip on 21 August 2008.

The diagnosis was confirmed by MRI of the right wrist on 3 March 2009, which showed a partial-thickness tear of the triangular fibrocartilage complex at its foveal attachment with surrounding oedema and signal change in the extensor carpi ulnaris tendon consistent with a healing strain. This is a tearing of joint ligament fibres and of a tendon, and the onset of pain and tenderness at the site within two hours of the fall meets the Statement of Principles definitions of sprain and strain. The injury was not a recurrent sprain due to joint instability: the distal radioulnar joint was stable on examination in 2008 and 2013.

After the condition arose, it was worsened during your service. On 11 July 2015, while instructing unarmed combat, you were thrown and landed with your full body weight on your outstretched right hand with the forearm forced into supination, a significant physical force through the already sprained wrist. The forced supination on 11 July 2015 forcefully stretched the previously strained extensor carpi ulnaris tendon against the fixed hand. After the worsening on 11 July 2015 you could not obtain MRI or a hand surgery opinion in theatre and completed more than three months of your deployment in a splint, continuing to use the wrist for weapon handling.

This has then led to further investigations and the diagnosis of your condition of *TFCC Sprain (Worsening)*. I have accepted your condition of *TFCC 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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 2 December 2015.

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