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.

Thoracic Soft Tissue Injury

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 2 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 April 2025;
- A pre-deployment medical examination by the medical officer, Naval base health centre, dated 8 December 2009;
- A ship's medical record by the ship's medical officer, dated 14 April 2010;
- A ship's medical record by the ship's medical officer, dated 15 April 2010;
- An X-ray report by the radiologist, Coalition medical facility, dated 2 May 2010;
- An MRI report by the radiologist, dated 21 September 2010;
- An outpatient health record by the medical officer, Naval base health centre, dated 21 September 2010;
- A ship's medical record by the ship's medic, dated 22 June 2019;
- An MRI report by the radiologist, dated 30 September 2019;
- A specialist consultation by the sports physician, dated 30 September 2019;
- A physiotherapy record by the contracted physiotherapist, dated 11 March 2020.

Your service

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

3 July 2004 and 15 March 2021

Thoracic Soft Tissue Injury

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: Thoracic Soft Tissue Injury

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 April 2025, and is supported by a ship's medical record by the ship's medical officer, dated 15 April 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 severe left upper back and posterior chest wall pain with bruising, muscle spasm, pain on deep breathing and coughing, and pain on moving the left shoulder blade or reaching overhead on 14 April 2010.

The diagnosis was made clinically by the ship's medical officer on 15 April 2010, on the history of a crushing impact against a hull combined with a sudden pull on the left arm and the findings of bruising, spasm and tenderness of the left rhomboid major, lower trapezius and erector spinae from T5 to T8, focal tenderness over the left T6 and T7 costovertebral joints, and pain on deep inspiration and resisted scapular retraction. X-rays on 2 May 2010 excluded a fracture.

This has then led to further investigations and the diagnosis of your condition of *Thoracic Soft Tissue Injury*. I have accepted your condition of *Thoracic Soft Tissue Injury*.

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 April 2010.

Thoracic Soft Tissue Injury (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 2 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 April 2025;
- A pre-deployment medical examination by the medical officer, Naval base health centre, dated 8 December 2009;
- A ship's medical record by the ship's medical officer, dated 14 April 2010;
- A ship's medical record by the ship's medical officer, dated 15 April 2010;
- An X-ray report by the radiologist, Coalition medical facility, dated 2 May 2010;
- An MRI report by the radiologist, dated 21 September 2010;
- An outpatient health record by the medical officer, Naval base health centre, dated 21 September 2010;
- A ship's medical record by the ship's medic, dated 22 June 2019;
- An MRI report by the radiologist, dated 30 September 2019;
- A specialist consultation by the sports physician, dated 30 September 2019;
- A physiotherapy record by the contracted physiotherapist, dated 11 March 2020.

Your service

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

3 July 2004 and 15 March 2021

Thoracic Soft Tissue Injury (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: Thoracic Soft Tissue Injury (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 April 2025, and is supported by a ship's medical record by the ship's medical officer, dated 15 April 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 severe left upper back and posterior chest wall pain with bruising, muscle spasm, pain on deep breathing and coughing, and pain on moving the left shoulder blade or reaching overhead on 14 April 2010.

The diagnosis was made clinically by the ship's medical officer on 15 April 2010, on the history of a crushing impact against a hull combined with a sudden pull on the left arm and the findings of bruising, spasm and tenderness of the left rhomboid major, lower trapezius and erector spinae from T5 to T8, focal tenderness over the left T6 and T7 costovertebral joints, and pain on deep inspiration and resisted scapular retraction. X-rays on 2 May 2010 excluded a fracture.

After the condition arose, it was worsened during your service. The surge of the replenishment line on 22 June 2019 occurred during maritime security operations on non-warlike service in the Middle East. In the same incident on non-warlike service in the Middle East on 22 June 2019 the left rhomboid major and lower trapezius were forcefully stretched under high load at the time of the clinical worsening of the strain, shown by the new partial rhomboid tear on MRI and the rise in the Functional Rating Index from 18 to 52 per cent. On warlike service in the Middle East in 2010 you remained at sea without imaging for 18 days and without physiotherapy for the rest of the deployment, and operational needs returned you to boarding after three weeks.

This has then led to further investigations and the diagnosis of your condition of *Thoracic Soft Tissue Injury (Worsening)*. I have accepted your condition of *Thoracic Soft Tissue Injury (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 22 June 2019.

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