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 Spine - Injury, Anterior Wedging of T8 and Disc Narrowing

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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A trauma admission and operation report by the orthopaedic surgeon, Field hospital, East Timor, dated 12 January 2000;
- An X-ray report by the radiologist, dated 18 August 2004;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 March 2008;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 15 November 2010;
- An outpatient record by the medic, Afghanistan, dated 18 January 2011;
- A CT report and trauma consultation by the trauma surgeon, Role 3 hospital, Afghanistan, dated 23 February 2011;
- An MRI report by the radiologist, dated 8 March 2011;
- A specialist consultation by the spinal surgeon, dated 8 March 2011;
- A bone densitometry report and endocrinology consultation by the endocrinologist, dated 20 June 2011;
- A pathology report by the hba1c and 25-hydroxyvitamin d, dated 10 November 2011;
- A CT report and specialist review by the spinal surgeon, dated 14 November 2011;
- An operation report by the spinal surgeon, dated 20 February 2012.

Your service

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

20 January 1986 and 15 July 2013

Thoracic Spine - Injury, Anterior Wedging of T8 and Disc Narrowing

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: Injury, Anterior Wedging of T8 and Disc Narrowing

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a CT report and trauma consultation by the trauma surgeon, Role 3 hospital, Afghanistan, dated 23 February 2011.

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 severe mid-back pain at the level of the

shoulder blades, worse on any movement, breathing deeply or standing, with tenderness over the T8 spinous process on 22 February 2011.

The diagnosis was made on CT at the role 3 hospital on 23 February 2011, which showed an anterior wedge compression fracture of T8 with 30 per cent loss of anterior height and a sclerotic band indicating an earlier stress reaction, after a fall with axial loading the day before. MRI on 8 March 2011 confirmed acute marrow oedema in T8 with chronic stress changes, and narrowing of the T7/8 and T8/9 discs. The spinal surgeon confirmed a T8 stress fracture completed by acute trauma. This is a fracture within the meaning of the Statement of Principles.

This has then led to further investigations and the diagnosis of your condition of *Injury, Anterior Wedging of T8 and Disc Narrowing*. I have accepted your condition of *Injury, Anterior Wedging of T8 and Disc Narrowing*.

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 22 February 2011.

Thoracic Spine - Injury, Anterior Wedging of T8 and Disc Narrowing (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 7 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 May 2025;
- A trauma admission and operation report by the orthopaedic surgeon, Field hospital, East Timor, dated 12 January 2000;
- An X-ray report by the radiologist, dated 18 August 2004;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 March 2008;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 15 November 2010;
- An outpatient record by the medic, Afghanistan, dated 18 January 2011;
- A CT report and trauma consultation by the trauma surgeon, Role 3 hospital, Afghanistan, dated 23 February 2011;
- An MRI report by the radiologist, dated 8 March 2011;
- A specialist consultation by the spinal surgeon, dated 8 March 2011;
- A bone densitometry report and endocrinology consultation by the endocrinologist, dated 20 June 2011;
- A pathology report by the hba1c and 25-hydroxyvitamin d, dated 10 November 2011;
- A CT report and specialist review by the spinal surgeon, dated 14 November 2011;
- An operation report by the spinal surgeon, dated 20 February 2012.

Your service

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

20 January 1986 and 15 July 2013

Thoracic Spine - Injury, Anterior Wedging of T8 and Disc Narrowing (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: Injury, Anterior Wedging of T8 and Disc Narrowing (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 May 2025, and is supported by a CT report and trauma consultation by the trauma surgeon, Role 3 hospital, Afghanistan, dated 23 February 2011.

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 severe mid-back pain at the level of the shoulder blades, worse on any movement, breathing deeply or standing, with tenderness over the T8 spinous process on 22 February 2011.

The diagnosis was made on CT at the role 3 hospital on 23 February 2011, which showed an anterior wedge compression fracture of T8 with 30 per cent loss of anterior height and a sclerotic band indicating an earlier stress reaction, after a fall with axial loading the day before. MRI on 8 March 2011 confirmed acute marrow oedema in T8 with chronic stress changes, and narrowing of the T7/8 and T8/9 discs. The spinal surgeon confirmed a T8 stress fracture completed by acute trauma. This is a fracture within the meaning of the Statement of Principles.

After the condition arose, it was worsened during your service. From the fracture on 22 February 2011 until the non-union was diagnosed on 14 November 2011, you smoked about 20 cigarettes a day, recorded at every review by the spinal surgeon, including while wearing your brace. Type

2 diabetes mellitus was diagnosed on 14 March 2008 and treated with metformin. After the fracture no brace was available in theatre and aeromedical evacuation was delayed by six days by weather and operational priorities, so the fracture was not immobilised until the brace was fitted on 10 March 2011.

This has then led to further investigations and the diagnosis of your condition of *Injury, Anterior Wedging of T8 and Disc Narrowing (Worsening)*. I have accepted your condition of *Injury, Anterior Wedging of T8 and Disc Narrowing (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 10 November 2011.

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