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.

Bilateral Feet - Pes Cavus

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 9 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 September 2025;
- A trauma admission by the CT and operation reports, Orthopaedic surgeon and Neurosurgeon, dated 11 June 2006;
- An orthopaedic review and CT both ankles by the orthopaedic surgeon, dated 19 February 2007;
- A pre-deployment medical by the medical officer, dated 14 January 2008;
- A trauma admission and operation reports by Role 3 hospital, Afghanistan, dated 22 July 2008;
- An aeromedical evacuation summary and burns unit admission by the burns surgeon, dated 26 July 2008;
- A rehabilitation assessment and weight-bearing radiographs by the rehabilitation physician and physiotherapist, dated 15 April 2009;
- Nerve conduction studies and neurology consultation by the neurologist, dated 6 March 2012;
- A weight-bearing radiographs both feet and MRI lumbar spine by the radiologist, dated 6 March 2012;
- A specialist consultation by the orthopaedic foot and ankle surgeon, dated 21 August 2012.

Your service

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

7 February 1994 and 12 December 2014

Bilateral Feet - Pes Cavus

You have stated that your condition was caused by:

- *having a fracture of the talus, calcaneus or midfoot of the affected foot, with malunion, before the clinical onset of pes cavus*
- *having a lesion of the cauda equina or of the lumbosacral nerve roots supplying the affected foot, with weakness of the muscles of the leg or foot, before the clinical onset of pes cavus*
- *having acute compartment syndrome of the leg on the affected side, resulting in ischaemic contracture of the leg muscles, before the clinical onset of pes cavus*
- *having an injury to the common peroneal, deep peroneal or tibial nerve of the affected limb before the clinical onset of pes cavus*
- *having a burn or crush injury of the sole of the affected foot, resulting in contracture of the plantar soft tissues, before the clinical onset of pes cavus*
- *being immobilised with the affected foot held in plantarflexion for a continuous period of at least 6 weeks before the clinical onset of pes cavus*

Diagnosis: Pes Cavus

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 September 2025, and is supported by a rehabilitation assessment and weight-bearing radiographs by the rehabilitation physician and physiotherapist, dated 15 April 2009.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having a fracture of the talus, calcaneus or midfoot of the affected foot, with malunion, before the clinical onset of pes cavus*
- *having a lesion of the cauda equina or of the lumbosacral nerve roots supplying the affected foot, with weakness of the muscles of the leg or foot, before the clinical onset of pes cavus*
- *having acute compartment syndrome of the leg on the affected side, resulting in ischaemic contracture of the leg muscles, before the clinical onset of pes cavus*

- *having an injury to the common peroneal, deep peroneal or tibial nerve of the affected limb before the clinical onset of pes cavus*
- *having a burn or crush injury of the sole of the affected foot, resulting in contracture of the plantar soft tissues, before the clinical onset of pes cavus*
- *being immobilised with the affected foot held in plantarflexion for a continuous period of at least 6 weeks before the clinical onset of pes cavus*

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 a noticeable rise in the arches of both feet, clawing of the toes, pain along the outer borders of your feet and under the balls of your feet when walking, difficulty fitting into your boots and a tendency to roll your ankles on uneven ground on 15 April 2009.

The diagnosis was confirmed clinically and radiologically on 15 April 2009. On standing both feet showed high medial longitudinal arches that did not flatten on weight-bearing, hindfoot varus and claw toes. Weight-bearing radiographs showed a Meary angle of 12 degrees on the right and 14 degrees on the left, apex dorsal, and a calcaneal pitch above 30 degrees bilaterally, which are diagnostic of pes cavus. The deformity was new: your arches were normal on 14 January 2008.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 15 April 2009.

Bilateral Feet - Pes Cavus (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 9 September 2025;
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- A trauma admission by the CT and operation reports, Orthopaedic surgeon and Neurosurgeon, dated 11 June 2006;
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- A weight-bearing radiographs both feet and MRI lumbar spine by the radiologist, dated 6 March 2012;
- A specialist consultation by the orthopaedic foot and ankle surgeon, dated 21 August 2012.

Your service

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

7 February 1994 and 12 December 2014

Bilateral Feet - Pes Cavus (Worsening)

You have stated that the worsening of your condition was caused by:

- *having peripheral neuropathy affecting the affected foot at the time of the clinical worsening of pes cavus*

- *having compression of the lumbosacral nerve roots supplying the affected foot at the time of the clinical worsening of pes cavus*
- *inability to obtain appropriate clinical management for pes cavus*

Diagnosis: Pes Cavus (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 September 2025, and is supported by a rehabilitation assessment and weight-bearing radiographs by the rehabilitation physician and physiotherapist, dated 15 April 2009.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having peripheral neuropathy affecting the affected foot at the time of the clinical worsening of pes cavus*
- *having compression of the lumbosacral nerve roots supplying the affected foot at the time of the clinical worsening of pes cavus*
- *inability to obtain appropriate clinical management for pes cavus*

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 a noticeable rise in the arches of both feet, clawing of the toes, pain along the outer borders of your feet and under the balls of your feet when walking, difficulty fitting into your boots and a tendency to roll your ankles on uneven ground on 15 April 2009.

The diagnosis was confirmed clinically and radiologically on 15 April 2009. On standing both feet showed high medial longitudinal arches that did not flatten on weight-bearing, hindfoot varus and claw toes. Weight-bearing radiographs showed a Meary angle of 12 degrees on the right and 14 degrees on the left, apex dorsal, and a calcaneal pitch above 30 degrees bilaterally, which are diagnostic of pes cavus. The deformity was new: your arches were normal on 14 January 2008.

After the condition arose, it was worsened during your service. Nerve conduction studies on 6 March 2012 showed a length-dependent sensorimotor polyneuropathy affecting both feet, which the neurologist attributed to alcohol use disorder that developed after your warlike service in Afghanistan and your blast injuries. MRI on 6 March 2012 showed a recurrent L5-S1 disc

prolapse compressing both S1 nerve roots at the site of the decompression performed for your 2006 service injury. Custom orthoses, podiatry and an orthotics program were recommended at diagnosis in April 2009 but were not provided for more than three years because of a referral backlog, and you continued field training in standard rigid boots.

This has then led to further investigations and the diagnosis of your condition of *Pes Cavus (Worsening)*. I have accepted your condition of *Pes Cavus (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 6 March 2012.

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