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 Foot - Pes Planus (Flat Feet)

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 23 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 April 2025;
- A trauma admission and X-ray report by Role 3 hospital, Afghanistan, dated 2 August 2009;
- An operation note and lumbar MRI by the orthopaedic surgeon, dated 6 August 2009;
- An ultrasound right foot and outpatient health record by the medical officer, dated 20 October 2010;
- An MRI right foot by the radiologist, dated 28 October 2010;
- An operation note by the orthopaedic surgeon, dated 14 March 2011;
- A periodic health examination by the medical officer, dated 12 April 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 5 August 2012;
- An outpatient health record by the medical officer, dated 26 September 2012;
- Ultrasound both ankles by the radiologist, dated 3 October 2012;
- A podiatry and sports medicine consultation by the podiatrist and sports physician, dated 10 October 2012;
- A weight-bearing X-ray both feet by the radiologist, dated 22 January 2013;
- An MRI left foot by the radiologist, dated 14 February 2013;
- A role 1 treatment record by the medical officer, Middle East Region, dated 2 April 2017;
- A weight-bearing X-ray both feet by the radiologist, dated 8 May 2017;
- A discharge medical examination by the medical officer, dated 15 March 2020.

Your service

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

7 January 2004 and 15 March 2020

Bilateral Foot - Pes Planus (Flat Feet)

You have stated that your condition was caused by:

- *having a fracture or osteonecrosis involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot before the clinical onset of pes planus*
- *having a dislocation of a joint or subluxation of a joint or joint instability involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot before the clinical onset of pes planus*
- *having a sprain, penetrating trauma or surgery to the ligaments involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot within the 3 months before the clinical onset of pes planus*
- *having a strain, penetrating trauma or surgery involving the muscles or tendons that support the medial longitudinal arch of the affected foot within the 3 months before the clinical onset of pes planus*
- *having rupture or division of the plantar fascia of the affected foot before the clinical onset of pes planus*
- *having weakness or paralysis of the supinators of the affected foot at the time of the clinical onset of pes planus*
- *having spasticity or shortening of the pronators of the affected foot at the time of the clinical onset of pes planus*
- *having posterior tibialis tendinopathy at the time of the clinical onset of pes planus*
- *having a space occupying lesion limiting the ability of the affected foot to supinate at the time of the clinical onset of pes planus*
- *having arthritis or other destructive lesion of one or more of the joints of the tarsal or metatarsal bones of the medial longitudinal arch of the affected foot at the time of the clinical onset of pes planus*
- *being obese at the time of the clinical onset of pes planus*

Diagnosis: Pes Planus (Flat Feet)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 April 2025, and is supported by a podiatry and sports medicine consultation by the podiatrist and sports physician, dated 10 October 2012.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Pes Planus (Balance of Probabilities) (No. 68 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having a fracture or osteonecrosis involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot before the clinical onset of pes planus*
- *having a dislocation of a joint or subluxation of a joint or joint instability involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot before the clinical onset of pes planus*
- *having a sprain, penetrating trauma or surgery to the ligaments involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot within the 3 months before the clinical onset of pes planus*
- *having a strain, penetrating trauma or surgery involving the muscles or tendons that support the medial longitudinal arch of the affected foot within the 3 months before the clinical onset of pes planus*
- *having rupture or division of the plantar fascia of the affected foot before the clinical onset of pes planus*
- *having weakness or paralysis of the supinators of the affected foot at the time of the clinical onset of pes planus*
- *having spasticity or shortening of the pronators of the affected foot at the time of the clinical onset of pes planus*
- *having posterior tibialis tendinopathy at the time of the clinical onset of pes planus*
- *having a space occupying lesion limiting the ability of the affected foot to supinate at the time of the clinical onset of pes planus*
- *having arthritis or other destructive lesion of one or more of the joints of the tarsal or metatarsal bones of the medial longitudinal arch of the affected foot at the time of the clinical onset of pes planus*
- *being obese at the time of the clinical onset of pes planus*

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 aching medial foot pain in both feet, worse after standing and walking, with visible flattening of the arches, swelling along the inner ankles and fatigue of the feet by the end of the day.After the worsening in 2017 the pain became constant, with pain under the outer ankle on the left from impingement and an inability to walk more than about two kilometres on 26 September 2012.

The diagnosis was confirmed clinically on 26 September 2012 by visible collapse of both medial arches with heel valgus, a too-many-toes sign and inability to perform a single heel raise, together with medial foot pain, and by a podiatrist and sports physician on 10 October 2012, who prescribed orthotics. Weight-bearing X-rays on 22 January 2013 showed lateral talo-first

metatarsal angles of 16 and 19 degrees and reduced calcaneal pitch. This meets the Statement of Principles definition of pes planus as a substantial collapse of the medial longitudinal arch resulting in medical treatment and medial foot pain.

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

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 20 September 2012.

Bilateral Foot - Pes Planus (Flat Feet) (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 23 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 April 2025;
- A trauma admission and X-ray report by Role 3 hospital, Afghanistan, dated 2 August 2009;
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- A periodic health examination by the medical officer, dated 12 April 2012;
- An outpatient health record by the medical officer, Garrison health centre, dated 5 August 2012;
- An outpatient health record by the medical officer, dated 26 September 2012;
- Ultrasound both ankles by the radiologist, dated 3 October 2012;
- A podiatry and sports medicine consultation by the podiatrist and sports physician, dated 10 October 2012;
- A weight-bearing X-ray both feet by the radiologist, dated 22 January 2013;
- An MRI left foot by the radiologist, dated 14 February 2013;
- A role 1 treatment record by the medical officer, Middle East Region, dated 2 April 2017;
- A weight-bearing X-ray both feet by the radiologist, dated 8 May 2017;
- A discharge medical examination by the medical officer, dated 15 March 2020.

Your service

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

7 January 2004 and 15 March 2020

Bilateral Foot - Pes Planus (Flat Feet) (Worsening)

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

- *having a fracture or osteonecrosis involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot before the clinical worsening of pes planus*
- *having a dislocation of a joint or subluxation of a joint or joint instability involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot before the clinical worsening of pes planus*
- *having a sprain, penetrating trauma or surgery to the ligaments involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot within the 3 months before the clinical worsening of pes planus*
- *having a strain, penetrating trauma or surgery involving the muscles or tendons that support the medial longitudinal arch of the affected foot within the 3 months before the clinical worsening of pes planus*
- *having rupture or division of the plantar fascia of the affected foot before the clinical worsening of pes planus*
- *having weakness or paralysis of the supinators of the affected foot at the time of the clinical worsening of pes planus*
- *having spasticity or shortening of the pronators of the affected foot at the time of the clinical worsening of pes planus*
- *having posterior tibialis tendinopathy at the time of the clinical worsening of pes planus*
- *having a space occupying lesion limiting the ability of the affected foot to supinate at the time of the clinical worsening of pes planus*
- *having arthritis or other destructive lesion of one or more of the joints of the tarsal or metatarsal bones of the medial longitudinal arch of the affected foot at the time of the clinical worsening of pes planus*
- *being obese at the time of the clinical worsening of pes planus*
- *being pregnant at the time of the clinical worsening of pes planus*
- *running or jogging: (a) an average of at least 30 kilometres per week; and (b) for at least the 4 weeks before the clinical worsening of pes planus*
- *walking: (a) an average of at least 10 kilometres per week; and (b) while carrying loads of at least 15 kilograms; and (c) for at least the 4 weeks before the clinical worsening of pes planus*
- *inability to obtain appropriate clinical management for pes planus*

Diagnosis: Pes Planus (Flat Feet) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 April 2025, and is supported by a podiatry and sports medicine consultation by the podiatrist and sports physician, dated 10 October 2012.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Pes Planus (Reasonable Hypothesis) (No. 67 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having a fracture or osteonecrosis involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot before the clinical worsening of pes planus*
- *having a dislocation of a joint or subluxation of a joint or joint instability involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot before the clinical worsening of pes planus*
- *having a sprain, penetrating trauma or surgery to the ligaments involving one or more tarsal or metatarsal bones of the medial longitudinal arch of the affected foot within the 3 months before the clinical worsening of pes planus*
- *having a strain, penetrating trauma or surgery involving the muscles or tendons that support the medial longitudinal arch of the affected foot within the 3 months before the clinical worsening of pes planus*
- *having rupture or division of the plantar fascia of the affected foot before the clinical worsening of pes planus*
- *having weakness or paralysis of the supinators of the affected foot at the time of the clinical worsening of pes planus*
- *having spasticity or shortening of the pronators of the affected foot at the time of the clinical worsening of pes planus*
- *having posterior tibialis tendinopathy at the time of the clinical worsening of pes planus*
- *having a space occupying lesion limiting the ability of the affected foot to supinate at the time of the clinical worsening of pes planus*
- *having arthritis or other destructive lesion of one or more of the joints of the tarsal or metatarsal bones of the medial longitudinal arch of the affected foot at the time of the clinical worsening of pes planus*
- *being obese at the time of the clinical worsening of pes planus*
- *being pregnant at the time of the clinical worsening of pes planus*
- *running or jogging: (a) an average of at least 30 kilometres per week; and (b) for at least the 4 weeks before the clinical worsening of pes planus*
- *walking: (a) an average of at least 10 kilometres per week; and (b) while carrying loads of at least 15 kilograms; and (c) for at least the 4 weeks before the clinical worsening of pes planus*
- *inability to obtain appropriate clinical management for pes planus*

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 aching medial foot pain in both feet, worse after standing and walking, with visible flattening of the arches, swelling along the inner ankles and fatigue of the feet by the end of the day.After the worsening in 2017 the pain became constant,

with pain under the outer ankle on the left from impingement and an inability to walk more than about two kilometres on 26 September 2012.

The diagnosis was confirmed clinically on 26 September 2012 by visible collapse of both medial arches with heel valgus, a too-many-toes sign and inability to perform a single heel raise, together with medial foot pain, and by a podiatrist and sports physician on 10 October 2012, who prescribed orthotics. Weight-bearing X-rays on 22 January 2013 showed lateral talo-first metatarsal angles of 16 and 19 degrees and reduced calcaneal pitch. This meets the Statement of Principles definition of pes planus as a substantial collapse of the medial longitudinal arch resulting in medical treatment and medial foot pain.

After the condition arose, it was worsened during your service. The fractures of the medial cuneiform, second metatarsal and navicular, and the navicular osteonecrosis, all occurred before the worsening on 18 April 2017. The left Lisfranc fracture-dislocation of 2009 occurred before the worsening, and midfoot instability was again recorded at the role 1 facility on 2 April 2017. On 2 April 2017, 16 days before the worsening, you sprained the left midfoot ligaments involving the navicular and medial cuneiform stepping off a vehicle on patrol, within the 3 months before the worsening, from 18 January 2017 to 18 April 2017. In the same incident on 2 April 2017 you strained the left tibialis posterior, recorded at the role 1 facility, within the 3 months before the worsening. The right plantar fascia rupture of 2010 and the left plantar fasciotomy of 2011 occurred before the worsening on 18 April 2017. Weakness of right ankle inversion and dorsiflexion from the L4 radiculopathy persisted, graded 4 out of 5, at the worsening in April 2017. Peroneal spasm and shortening with a rigid everted left hindfoot were recorded at the worsening in April 2017. Tibialis posterior tendinopathy of both feet persisted and was recorded on examination at the worsening on 18 April 2017. The left sinus tarsi ganglion remained present, palpable and limiting inversion, at the worsening in April 2017. X-rays on 8 May 2017 showed progression of the post-traumatic tarsometatarsal and talonavicular arthritis, present at the worsening. Your BMI was 33.1 at your pre-deployment medical in January 2017 and you were obese at the worsening on 18 April 2017. You were pregnant at the worsening on 18 April 2017, with an ultrasound gestation of nine weeks, while on warlike service in the Middle East. In the 4 weeks before the worsening, from 21 March 2017 to 18 April 2017, you ran an average of about 32 kilometres a week on the base perimeter on warlike service in the Middle East, as part of required fitness training, meeting both (a) and (b). In the 4 weeks before the worsening, from 21 March 2017 to 18 April 2017, you walked an average of about 20 kilometres a week on base security patrols on warlike service in the Middle East, carrying body armour and a medical pack totalling 22 kilograms, meeting (a), (b) and (c). On warlike service in the Middle East in 2017 your custom orthotics wore out and could not be replaced, no podiatry or imaging was available, and you continued patrolling under load after the sprain of 2 April 2017 because there was no replacement medic.

This has then led to further investigations and the diagnosis of your condition of *Pes Planus (Flat Feet) (Worsening)*. I have accepted your condition of *Pes Planus (Flat Feet) (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 18 April 2017.

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.