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 Legs - Chronic Exertional Compartment Syndrome

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 17 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 April 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 5 January 2011;
- An outpatient health record by the medical officer, Patrol base, Afghanistan, dated 22 June 2011;
- A specialist consultation by the sports and exercise physician, dated 14 November 2011;
- MRI both lower legs and arterial duplex ultrasound by the radiologist, dated 2 February 2012;
- An intracompartmental pressure testing report by the sports and exercise physician, dated 20 February 2012;
- Nerve conduction studies by the neurophysiologist, dated 12 March 2012;
- A repeat pressure testing and MRI by the sports and exercise physician and radiologist, dated 8 May 2014;
- An outpatient health record by the medical officer, Iraq, dated 9 May 2017;
- An operation report by the orthopaedic surgeon, dated 14 September 2017;
- A specialist review by the orthopaedic surgeon and sports and exercise physician, dated 18 June 2019.

Your service

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

14 January 2009 and 6 March 2020

Bilateral Legs - Chronic Exertional Compartment Syndrome

You have stated that your condition was caused by:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*

Diagnosis: Chronic Exertional Compartment Syndrome

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 April 2025, and is supported by an intracompartmental pressure testing report by the sports and exercise physician, dated 20 February 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 Chronic Exertional Compartment Syndrome Of The Lower Leg (Reasonable Hypothesis) (No. 98 of 2023)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*

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 tightness, cramping and aching in the anterior and lateral compartments of both lower legs, beginning about 15 minutes into a loaded foot patrol and resolving within 20 minutes of rest on 22 June 2011.

The diagnosis was confirmed by dynamic intracompartmental pressure testing on 20 February 2012, which showed resting anterior compartment pressures of 18 and 17 mmHg, rising to 36 and 34 mmHg one minute after exercise and remaining at 28 and 26 mmHg at five minutes. These values meet the accepted diagnostic criteria (resting pressure of 15 mmHg or more, one minute post-exercise pressure of 30 mmHg or more, or five minute pressure of 20 mmHg or more). Raised muscle compartment pressure manifesting with exercise-induced pain and tightness originating in the shin, which resolves with rest, meets the Statement of Principles definition.

This has then led to further investigations and the diagnosis of your condition of *Chronic Exertional Compartment Syndrome*. I have accepted your condition of *Chronic Exertional Compartment Syndrome*.

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 18 June 2011.

Bilateral Legs - Chronic Exertional Compartment Syndrome (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 17 April 2025;
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- An operation report by the orthopaedic surgeon, dated 14 September 2017;
- A specialist review by the orthopaedic surgeon and sports and exercise physician, dated 18 June 2019.

Your service

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

14 January 2009 and 6 March 2020

Bilateral Legs - Chronic Exertional Compartment Syndrome (Worsening)

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

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *inability to obtain appropriate clinical management for chronic exertional compartment syndrome of the lower leg before the clinical worsening of chronic exertional compartment syndrome of the lower leg*

Diagnosis: Chronic Exertional Compartment Syndrome (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 April 2025, and is supported by an intracompartmental pressure testing report by the sports and exercise physician, dated 20 February 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 Chronic Exertional Compartment Syndrome Of The Lower Leg (Reasonable Hypothesis) (No. 98 of 2023)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the*

lower leg

- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of chronic exertional compartment syndrome of the lower leg*
- *inability to obtain appropriate clinical management for chronic exertional compartment syndrome of the lower leg before the clinical worsening of chronic exertional compartment syndrome of the lower leg*

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 tightness, cramping and aching in the anterior and lateral compartments of both lower legs, beginning about 15 minutes into a loaded foot patrol and resolving within 20 minutes of rest on 22 June 2011.

The diagnosis was confirmed by dynamic intracompartmental pressure testing on 20 February 2012, which showed resting anterior compartment pressures of 18 and 17 mmHg, rising to 36 and 34 mmHg one minute after exercise and remaining at 28 and 26 mmHg at five minutes. These values meet the accepted diagnostic criteria (resting pressure of 15 mmHg or more, one minute post-exercise pressure of 30 mmHg or more, or five minute pressure of 20 mmHg or more). Raised muscle compartment pressure manifesting with exercise-induced pain and tightness originating in the shin, which resolves with rest, meets the Statement of Principles definition.

After the condition arose, it was worsened during your service. While on warlike service in Afghanistan, you ran an average of about 65 kilometres a week on the patrol base perimeter track throughout the 4 weeks before onset, from 21 May 2011 to 18 June 2011, as recorded in your fitness log. On warlike service in Uruzgan Province, you conducted loaded dismounted patrols

carrying 35 to 45 kilograms for at least 10 hours a week throughout the 4 weeks before onset, from 21 May 2011 to 18 June 2011. During a task group operation on warlike service in Afghanistan, your loaded patrolling rose from about 5 hours a week to daily patrols of about five hours from 11 June 2011, within the one week before onset on 18 June 2011. On warlike service in Iraq with a training team, you ran an average of about 35 kilometres a week, in early morning sessions to maintain the unit fitness standard, throughout the 4 weeks before the second worsening, from 4 April 2017 to 2 May 2017. From 4 April 2017 to 2 May 2017, on warlike service in Iraq, you conducted range practices and dismounted security patrols in body armour with loads of about 30 kilograms for at least 8 hours a week. From 25 April 2017 your training team doubled its daily range and patrol serials ahead of an Iraqi army graduation, so that your loaded activity rose from about 8 hours a week to more than two and a half hours every day, an increase of more than 100 per cent, within the one week before the worsening on 2 May 2017. On warlike service in Afghanistan in 2011 no compartment pressure testing or specialist review was available and you continued patrolling.

This has then led to further investigations and the diagnosis of your condition of *Chronic Exertional Compartment Syndrome (Worsening)*. I have accepted your condition of *Chronic Exertional Compartment Syndrome (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 2 May 2017.

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