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 Lower Limbs - Medial Tibial Stress Syndrome (Shin Splints)

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 25 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 March 2025;
- An enlistment medical examination by the medical officer, Recruiting centre, dated 15 October 2013;
- A periodic health examination by the medical officer, Garrison health centre, dated 10 June 2015;
- A unit training log by the patrol competition team, dated 16 August 2015;
- An outpatient health record and weight-bearing foot X-rays by the regimental medical officer and radiologist, dated 18 August 2015;
- A triple-phase bone scan report by the nuclear medicine physician, dated 25 August 2015;
- An MRI both tibiae report by the radiologist, dated 27 August 2015;
- A podiatry orthotic prescription by the podiatrist, dated 14 March 2017;
- A field medical record by the medical officer, Iraq, dated 2 October 2018;
- An MRI both tibiae report and sports medicine consultation by the radiologist and sports physician, dated 5 December 2018;
- A separation health examination by the medical officer, dated 12 December 2022.

Your service

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

7 January 2014 and 12 December 2022

Bilateral Lower Limbs - Medial Tibial Stress Syndrome (Shin Splints)

You have stated that your condition was caused by:

- *running or jogging an average of at least 60 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *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 6 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *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 4 hours per day; within the 2 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *having pes planus of the affected limb before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*

Diagnosis: Medial Tibial Stress Syndrome (Shin Splints)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 March 2025, and is supported by an MRI both tibiae report by the radiologist, dated 27 August 2015.

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

Statement of Principles concerning Medial Tibial Stress Syndrome (Shin Splints) (Balance of Probabilities) (No. 97 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 60 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *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 6 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *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 4 hours per day; within the 2 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)

- *having pes planus of the affected limb before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*

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 diffuse aching pain along the inner border of the lower half of both shins, worse on the left, that came on at the start of running and loaded marching, sometimes eased as you warmed up, and settled with rest on 18 August 2015.

The diagnosis was made clinically on 18 August 2015 by the regimental medical officer, who found diffuse tenderness along 6 to 8 cm of the posteromedial border of both distal tibiae with pain on hopping and no focal bony tenderness, neurological or vascular signs. A triple-phase bone scan on 25 August 2015 showed the long linear posteromedial uptake typical of medial tibial stress syndrome without focal uptake, and MRI on 27 August 2015 showed bilateral periosteal and mild marrow oedema without a fracture line, excluding stress fracture.

This has then led to further investigations and the diagnosis of your condition of *Medial Tibial Stress Syndrome (Shin Splints)*. I have accepted your condition of *Medial Tibial Stress Syndrome (Shin Splints)*.

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 16 August 2015.

Bilateral Lower Limbs - Medial Tibial Stress Syndrome (Shin Splints) (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 25 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 March 2025;
- An enlistment medical examination by the medical officer, Recruiting centre, dated 15 October 2013;
- A periodic health examination by the medical officer, Garrison health centre, dated 10 June 2015;
- A unit training log by the patrol competition team, dated 16 August 2015;
- An outpatient health record and weight-bearing foot X-rays by the regimental medical officer and radiologist, dated 18 August 2015;
- A triple-phase bone scan report by the nuclear medicine physician, dated 25 August 2015;
- An MRI both tibiae report by the radiologist, dated 27 August 2015;
- A podiatry orthotic prescription by the podiatrist, dated 14 March 2017;
- A field medical record by the medical officer, Iraq, dated 2 October 2018;
- An MRI both tibiae report and sports medicine consultation by the radiologist and sports physician, dated 5 December 2018;
- A separation health examination by the medical officer, dated 12 December 2022.

Your service

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

7 January 2014 and 12 December 2022

Bilateral Lower Limbs - Medial Tibial Stress Syndrome (Shin Splints) (Worsening)

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

- *running or jogging an average of at least 60 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *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 6 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *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 4 hours per day; within the 2 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *having pes planus of the affected limb before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *inability to obtain appropriate clinical management for medial tibial stress syndrome (shin splints) before the clinical worsening of medial tibial stress syndrome (shin splints)*

Diagnosis: Medial Tibial Stress Syndrome (Shin Splints) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 March 2025, and is supported by an MRI both tibiae report by the radiologist, dated 27 August 2015.

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

Statement of Principles concerning Medial Tibial Stress Syndrome (Shin Splints) (Balance of Probabilities) (No. 97 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 60 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *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 6 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *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 4 hours per day; within the 2 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *having pes planus of the affected limb before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*

- *inability to obtain appropriate clinical management for medial tibial stress syndrome (shin splints) before the clinical worsening of medial tibial stress syndrome (shin splints)*

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 diffuse aching pain along the inner border of the lower half of both shins, worse on the left, that came on at the start of running and loaded marching, sometimes eased as you warmed up, and settled with rest on 18 August 2015.

The diagnosis was made clinically on 18 August 2015 by the regimental medical officer, who found diffuse tenderness along 6 to 8 cm of the posteromedial border of both distal tibiae with pain on hopping and no focal bony tenderness, neurological or vascular signs. A triple-phase bone scan on 25 August 2015 showed the long linear posteromedial uptake typical of medial tibial stress syndrome without focal uptake, and MRI on 27 August 2015 showed bilateral periosteal and mild marrow oedema without a fracture line, excluding stress fracture.

After the condition arose, it was worsened during your service. Your unit training log for the patrol competition records an average of 64 km of running a week, with interval sessions, hill repeats and long runs on roads and fire trails, throughout the 4 weeks before onset, from 19 July 2015 to 16 August 2015. Throughout the 4 weeks before onset, from 19 July to 16 August 2015, the competition program included loaded pack marches with 25 to 30 kg averaging 8 hours a week. In the 2 weeks before onset, from 02 to 16 August 2015, the team moved to the field phase in northern Australia on 03 August, and your daily loaded patrolling rose from about 2 hours to 5.5 hours with a 30 kg load over rough ground, an increase of 175 per cent, at an intensity of about 6 to 7 METs and for more than 4 hours a day. Bilateral flexible pes planus was recorded at the enlistment examination on 15 October 2013, with a navicular drop of 12 mm, and had progressed under service loads to a navicular drop of 14 mm by 10 June 2015. After diagnosis in August 2015 you were referred for custom orthotics and physiotherapy.

This has then led to further investigations and the diagnosis of your condition of *Medial Tibial Stress Syndrome (Shin Splints) (Worsening)*. I have accepted your condition of *Medial Tibial Stress Syndrome (Shin Splints) (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 18 August 2015.

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.