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 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 11 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 June 2025;
- A podiatry assessment and foot X-rays by the podiatrist and radiologist, Recruit training centre, dated 23 July 2007;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 20 April 2009;
- A field medical record by the patrol base medic, Afghanistan, dated 14 October 2009;
- A post-operational medical screening and triple-phase bone scan by the medical officer and nuclear medicine physician, dated 18 March 2010;
- A sports medicine consultation by the sports physician, dated 9 December 2010;
- An outpatient health record and training diary by the regimental medical officer, dated 20 June 2011;
- An MRI and CT both tibiae reports by the radiologist, dated 24 June 2011;
- A separation health examination by the medical officer, dated 5 March 2015.

Your service

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

19 May 2007 and 5 March 2015

Bilateral Medial Tibial Stress Syndrome (Shin Splints)

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 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 4 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 2 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: Bilateral Medial Tibial Stress Syndrome (Shin Splints)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 June 2025, and is supported by a post-operational medical screening and triple-phase bone scan by the medical officer and nuclear medicine physician, dated 18 March 2010.

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) (Reasonable Hypothesis) (No. 96 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 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 4 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 2 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 dull ache along the inner border of the lower half of both shins, worse on the right, starting within 20 minutes of loaded patrolling and easing overnight on 14 October 2009.

The diagnosis was made clinically on 14 October 2009 when the medic found diffuse tenderness along 7 to 10 cm of the posteromedial border of both distal tibiae with pain on hopping and no focal bony tenderness. It was confirmed by a triple-phase bone scan on 18 March 2010 showing long linear posteromedial tibial uptake without focal uptake, excluding stress fracture.

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

I have therefore accepted that this condition is related to your service with effect from 12 October 2009.

Bilateral 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 11 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 11 June 2025;
- A podiatry assessment and foot X-rays by the podiatrist and radiologist, Recruit training centre, dated 23 July 2007;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 20 April 2009;
- A field medical record by the patrol base medic, Afghanistan, dated 14 October 2009;
- A post-operational medical screening and triple-phase bone scan by the medical officer and nuclear medicine physician, dated 18 March 2010;
- A sports medicine consultation by the sports physician, dated 9 December 2010;
- An outpatient health record and training diary by the regimental medical officer, dated 20 June 2011;
- An MRI and CT both tibiae reports by the radiologist, dated 24 June 2011;
- A separation health examination by the medical officer, dated 5 March 2015.

Your service

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

19 May 2007 and 5 March 2015

Bilateral 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 30 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 4 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 2 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: Bilateral Medial Tibial Stress Syndrome (Shin Splints) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 11 June 2025, and is supported by a post-operational medical screening and triple-phase bone scan by the medical officer and nuclear medicine physician, dated 18 March 2010.

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) (Reasonable Hypothesis) (No. 96 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 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 4 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 2 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 dull ache along the inner border of the lower half of both shins, worse on the right, starting within 20 minutes of loaded patrolling and easing overnight on 14 October 2009.

The diagnosis was made clinically on 14 October 2009 when the medic found diffuse tenderness along 7 to 10 cm of the posteromedial border of both distal tibiae with pain on hopping and no focal bony tenderness. It was confirmed by a triple-phase bone scan on 18 March 2010 showing long linear posteromedial tibial uptake without focal uptake, excluding stress fracture.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan you ran an average of 34 km a week on the patrol base perimeter track, to maintain the fitness standard required of force protection soldiers, throughout the 4 weeks before onset, from 14 September to 12 October 2009. Throughout the 4 weeks before onset, from 14 September to 12 October 2009, on warlike service in Afghanistan, you patrolled on foot carrying about 38 kg for an average of about 10 hours a week, above 5 METs and involving repeated activity of both lower legs. On 28 September 2009, on warlike service in Afghanistan, you were re-tasked from vehicle-mounted duties, with about an hour a day of walking, to daily dismounted patrols of 3 to 4 hours with 38 kg over rough ground. Bilateral rigid pes planus from talocalcaneal coalitions was documented in 2007 and was present in both limbs before onset on warlike service in Afghanistan, where it was not corrected and was exposed to sustained loaded patrolling on hard ground. After the diagnosis of shin splints on 14 October 2009, on warlike service in Afghanistan, there was no physiotherapist, podiatrist or imaging at the patrol base, and because of manning requirements you continued 3 to 4 hours a day of loaded patrolling, with only simple analgesia, until you left theatre in February 2010.

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 14 October 2009.

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