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.

Left Ankle - Anterior Ligament Strain

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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A pre-deployment medical examination by the medical officer, dated 2 March 2006;
- A regimental aid post record by the regimental medical officer, Iraq, dated 23 June 2006;
- An X-ray left ankle by the coalition role 2 facility, Iraq, dated 23 June 2006;
- An MRI left ankle by the radiologist, dated 14 December 2006;
- A physiotherapy assessment by the physiotherapist, dated 14 December 2006;
- A periodic health examination by the medical officer, Garrison health centre, dated 18 August 2008;
- A role 2 treatment record and X-ray by the medical officer, Afghanistan, dated 3 July 2010;
- An MRI and stress radiographs left ankle by the radiologist, dated 18 November 2010;
- A specialist consultation by the orthopaedic foot and ankle surgeon, dated 18 November 2010;
- An operation report by the orthopaedic foot and ankle surgeon, dated 2 March 2011;
- A medical employment classification review by the senior medical officer, dated 14 April 2015.

Your service

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

7 February 2004 and 30 June 2015

Left Ankle - Anterior Ligament Strain

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Anterior Ligament Strain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an X-ray left ankle by the coalition role 2 facility, Iraq, dated 23 June 2006.

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

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

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 sudden tearing pain at the front of the outer left ankle, swelling and bruising below and in front of the lateral malleolus, pain on weight-bearing and pain behind the fibula on turning the foot outwards on 23 June 2006.

The diagnosis was made clinically by the Regimental Medical Officer on 23 June 2006, with swelling and bruising anterior to the lateral malleolus, point tenderness over the anterior talofibular ligament, a mildly positive anterior drawer test and pain on inversion stress, together with tenderness along the peroneus brevis tendon and pain on resisted eversion, the day after a forceful inversion injury. X-ray excluded fracture. MRI on 14 December 2006 confirmed a partial-thickness tear of the anterior talofibular ligament and a low-grade interstitial tear of the peroneus brevis tendon.

This has then led to further investigations and the diagnosis of your condition of *Anterior Ligament Strain*. I have accepted your condition of *Anterior Ligament Strain*.

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 22 June 2006.

Left Ankle - Anterior Ligament Strain (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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A pre-deployment medical examination by the medical officer, dated 2 March 2006;
- A regimental aid post record by the regimental medical officer, Iraq, dated 23 June 2006;
- An X-ray left ankle by the coalition role 2 facility, Iraq, dated 23 June 2006;
- An MRI left ankle by the radiologist, dated 14 December 2006;
- A physiotherapy assessment by the physiotherapist, dated 14 December 2006;
- A periodic health examination by the medical officer, Garrison health centre, dated 18 August 2008;
- A role 2 treatment record and X-ray by the medical officer, Afghanistan, dated 3 July 2010;
- An MRI and stress radiographs left ankle by the radiologist, dated 18 November 2010;
- A specialist consultation by the orthopaedic foot and ankle surgeon, dated 18 November 2010;
- An operation report by the orthopaedic foot and ankle surgeon, dated 2 March 2011;
- A medical employment classification review by the senior medical officer, dated 14 April 2015.

Your service

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

7 February 2004 and 30 June 2015

Left Ankle - Anterior Ligament Strain (Worsening)

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

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*

- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Anterior Ligament Strain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an X-ray left ankle by the coalition role 2 facility, Iraq, dated 23 June 2006.

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

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

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 sudden tearing pain at the front of the outer left ankle, swelling and bruising below and in front of the lateral malleolus, pain on weight-bearing and pain behind the fibula on turning the foot outwards on 23 June 2006.

The diagnosis was made clinically by the Regimental Medical Officer on 23 June 2006, with swelling and bruising anterior to the lateral malleolus, point tenderness over the anterior talofibular ligament, a mildly positive anterior drawer test and pain on inversion stress, together with tenderness along the peroneus brevis tendon and pain on resisted eversion, the day after a forceful inversion injury. X-ray excluded fracture. MRI on 14 December 2006 confirmed a partial-thickness tear of the anterior talofibular ligament and a low-grade interstitial tear of the peroneus brevis tendon.

After the condition arose, it was worsened during your service. On a dismounted patrol during warlike service in Uruzgan Province, Afghanistan, on 3 July 2010 a canal bank collapsed beneath you while you carried about 38 kilograms, and your left foot was driven into plantar flexion and inversion under your full weight and load. The peroneus brevis tendon was forcefully stretched under load in the same fall on warlike service in Afghanistan on 3 July 2010, and the 2006 interstitial tear progressed to a longitudinal split tear on MRI on 18 November 2010, repaired

surgically on 2 March 2011. On warlike service in Iraq from 23 June to 5 November 2006, and in Afghanistan from 03 July to 20 October 2010, you could obtain only strapping, a brace and analgesia.

This has then led to further investigations and the diagnosis of your condition of *Anterior Ligament Strain (Worsening)*. I have accepted your condition of *Anterior Ligament Strain (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 3 July 2010.

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