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 - Peroneal Tendinopathy

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;
- An emergency attendance by the CT report and orthopaedic follow-up, Orthopaedic surgeon, dated 9 May 2011;
- A deployed health record by the medical officer, role 1 facility, Afghanistan, dated 14 January 2013;
- A deployed health record by the medical officer, Afghanistan, dated 11 February 2013;
- A deployed health record and stool culture report by the medical officer, Afghanistan, dated 1 March 2013;
- A deployed health record by the medical officer, Afghanistan, dated 20 March 2013;
- A deployed health record by the medical officer, Afghanistan, dated 5 April 2013;
- An ultrasound left ankle by the radiologist, dated 15 July 2013;
- An MRI left ankle by the radiologist, dated 18 July 2013;
- A sports medicine consultation by the sports physician, dated 22 July 2013;
- An ultrasound-guided injection report by the radiologist, dated 10 October 2016;
- A deployed health record by the medical officer, Iraq, dated 15 March 2017;
- An MRI left ankle by the radiologist, dated 12 June 2017;
- An operation report by the orthopaedic foot and ankle surgeon, dated 2018.

Your service

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

3 February 2009 and 18 September 2020

Left Ankle - Peroneal Tendinopathy

You have stated that your condition was caused by:

- *having an inversion injury of the affected ankle within the 1 year before the clinical onset of peroneal tendinopathy*
- *having chronic lateral ankle instability of the affected ankle at the time of the clinical onset of peroneal tendinopathy*
- *undertaking weight-bearing activity involving marching, patrolling or running on uneven ground while carrying a load of at least 20 kilograms, for at least 10 hours per week for at least the 3 months before the clinical onset of peroneal tendinopathy*
- *undergoing an increase of at least 50 per cent in the duration or intensity of weight-bearing activity within the 4 weeks before the clinical onset of peroneal tendinopathy*
- *having a fracture of the calcaneus of the affected foot, which has healed with lateral wall expansion, peroneal tubercle prominence or hindfoot varus, before the clinical onset of peroneal tendinopathy*
- *having a tear or stripping of the superior peroneal retinaculum of the affected ankle before the clinical onset of peroneal tendinopathy*
- *taking a fluoroquinolone antibiotic within the 30 days before the clinical onset of peroneal tendinopathy*
- *taking a systemic corticosteroid within the 3 months before the clinical onset of peroneal tendinopathy*
- *having a seronegative inflammatory arthritis, including reactive arthritis, at the time of the clinical onset of peroneal tendinopathy*
- *wearing worn or inappropriate footwear during weight-bearing activity for at least the 4 weeks before the clinical onset of peroneal tendinopathy*

Diagnosis: Peroneal Tendinopathy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 April 2025, and is supported by a sports medicine consultation by the sports physician, dated 22 July 2013.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having an inversion injury of the affected ankle within the 1 year before the clinical onset of peroneal tendinopathy*
- *having chronic lateral ankle instability of the affected ankle at the time of the clinical onset of peroneal tendinopathy*
- *undertaking weight-bearing activity involving marching, patrolling or running on uneven ground while carrying a load of at least 20 kilograms, for at least 10 hours per week for at least the 3 months before the clinical onset of peroneal tendinopathy*
- *undergoing an increase of at least 50 per cent in the duration or intensity of weight-bearing activity within the 4 weeks before the clinical onset of peroneal tendinopathy*
- *having a fracture of the calcaneus of the affected foot, which has healed with lateral wall expansion, peroneal tubercle prominence or hindfoot varus, before the clinical onset of peroneal tendinopathy*
- *having a tear or stripping of the superior peroneal retinaculum of the affected ankle before the clinical onset of peroneal tendinopathy*
- *taking a fluoroquinolone antibiotic within the 30 days before the clinical onset of peroneal tendinopathy*
- *taking a systemic corticosteroid within the 3 months before the clinical onset of peroneal tendinopathy*
- *having a seronegative inflammatory arthritis, including reactive arthritis, at the time of the clinical onset of peroneal tendinopathy*
- *wearing worn or inappropriate footwear during weight-bearing activity for at least the 4 weeks before the clinical onset of peroneal tendinopathy*

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 pain and swelling behind and below the left lateral malleolus, worse with patrolling and on uneven ground, a painful click and stiffness in the morning on 5 April 2013.

The diagnosis was confirmed by a sports physician on 22 July 2013 on the clinical findings of posterolateral ankle pain, swelling and tenderness along the peroneal tendons with pain on resisted eversion, together with ultrasound of 15 July 2013 and MRI of 18 July 2013 showing peroneus brevis tendinosis with a longitudinal split tear and tenosynovitis.

This has then led to further investigations and the diagnosis of your condition of *Peroneal Tendinopathy*. I have accepted your condition of *Peroneal Tendinopathy*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 2 April 2013.

Left Ankle - Peroneal Tendinopathy (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;
- An emergency attendance by the CT report and orthopaedic follow-up, Orthopaedic surgeon, dated 9 May 2011;
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- A deployed health record and stool culture report by the medical officer, Afghanistan, dated 1 March 2013;
- A deployed health record by the medical officer, Afghanistan, dated 20 March 2013;
- A deployed health record by the medical officer, Afghanistan, dated 5 April 2013;
- An ultrasound left ankle by the radiologist, dated 15 July 2013;
- An MRI left ankle by the radiologist, dated 18 July 2013;
- A sports medicine consultation by the sports physician, dated 22 July 2013;
- An ultrasound-guided injection report by the radiologist, dated 10 October 2016;
- A deployed health record by the medical officer, Iraq, dated 15 March 2017;
- An MRI left ankle by the radiologist, dated 12 June 2017;
- An operation report by the orthopaedic foot and ankle surgeon, dated 2018.

Your service

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

3 February 2009 and 18 September 2020

Left Ankle - Peroneal Tendinopathy (Worsening)

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

- *having a corticosteroid injection into or around the affected peroneal tendons within the 6 months before the clinical worsening of peroneal tendinopathy*
- *having a further inversion injury of the affected ankle before the clinical worsening of peroneal tendinopathy*
- *undertaking weight-bearing activity on uneven ground while carrying a load of at least 20 kilograms for at least 10 hours per week within the 3 months before the clinical worsening of peroneal tendinopathy*
- *inability to obtain appropriate clinical management for peroneal tendinopathy*

Diagnosis: Peroneal Tendinopathy (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 sports medicine consultation by the sports physician, dated 22 July 2013.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having a corticosteroid injection into or around the affected peroneal tendons within the 6 months before the clinical worsening of peroneal tendinopathy*
- *having a further inversion injury of the affected ankle before the clinical worsening of peroneal tendinopathy*
- *undertaking weight-bearing activity on uneven ground while carrying a load of at least 20 kilograms for at least 10 hours per week within the 3 months before the clinical worsening of peroneal tendinopathy*
- *inability to obtain appropriate clinical management for peroneal tendinopathy*

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 pain and swelling behind and below the left lateral malleolus, worse with patrolling and on uneven ground, a painful click and stiffness in the morning on 5 April 2013.

The diagnosis was confirmed by a sports physician on 22 July 2013 on the clinical findings of posterolateral ankle pain, swelling and tenderness along the peroneal tendons with pain on resisted eversion, together with ultrasound of 15 July 2013 and MRI of 18 July 2013 showing peroneus brevis tendinosis with a longitudinal split tear and tenosynovitis.

After the condition arose, it was worsened during your service. A corticosteroid injection was given into the left peroneal tendon sheath on 10 October 2016 so that you could meet your deployment readiness date, within the 6 months before the worsening, from 15 September 2016 to 15 March 2017. On 20 February 2017, on warlike service in Iraq, you inverted your left ankle on broken ground while patrolling with a 30 kg load, three weeks before the documented worsening on 15 March 2017. On warlike service in Iraq you conducted force protection patrols and training carrying about 30 kg for about twelve hours a week throughout the 3 months before the worsening, from 15 December 2016 to 15 March 2017, and continued after the inversion injury because no alternative duties or treatment were available. Surgical review recommended on 22 July 2013 was postponed for more than three years because of training commitments and courses, and you were given a corticosteroid injection in its place to deploy.

This has then led to further investigations and the diagnosis of your condition of *Peroneal Tendinopathy (Worsening)*. I have accepted your condition of *Peroneal Tendinopathy (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 15 March 2017.

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