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 - Sprain

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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A pre-deployment medical examination by the medical officer, dated 11 November 2004;
- A ship's medical record by the embarked medical officer and medical sailor, dated 17 May 2005;
- An X-ray and MRI left ankle by the radiologist, dated 22 August 2005;
- A physiotherapy assessment by the physiotherapist, dated 22 August 2005;
- A periodic health examination by the medical officer, Naval health centre, dated 4 June 2007;
- A ship's medical record by the medical sailor, dated 21 June 2009;
- An MRI left ankle by the radiologist, dated 28 October 2009;
- A specialist consultation by the sports and exercise physician, dated 28 October 2009;
- An operation report by the orthopaedic surgeon, dated 16 February 2010;
- A medical review by the senior medical officer, dated 8 October 2013.

Your service

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

15 January 2002 and 20 January 2014

Left Ankle - Sprain

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: Sprain

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a ship's medical record by the embarked medical officer and medical sailor, dated 17 May 2005.

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 pain on the outer left ankle, rapid swelling and bruising below the lateral malleolus, pain on weight-bearing and pain along the outer border of the foot on pushing off on 17 May 2005.

The diagnosis was made clinically aboard on 17 May 2005 by the embarked Medical Officer, with swelling and bruising below and in front of the lateral malleolus, tenderness over the anterior talofibular and calcaneofibular ligaments, a positive anterior drawer test and pain on inversion, together with tenderness along the peroneus longus tendon and pain on resisted eversion, within hours of a forceful inversion injury. X-ray on 22 August 2005 excluded fracture, and MRI the same day confirmed a partial tear of the anterior talofibular ligament, a calcaneofibular ligament sprain and a peroneus longus strain.

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

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 17 May 2005.

Left Ankle - Sprain (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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A pre-deployment medical examination by the medical officer, dated 11 November 2004;
- A ship's medical record by the embarked medical officer and medical sailor, dated 17 May 2005;
- An X-ray and MRI left ankle by the radiologist, dated 22 August 2005;
- A physiotherapy assessment by the physiotherapist, dated 22 August 2005;
- A periodic health examination by the medical officer, Naval health centre, dated 4 June 2007;
- A ship's medical record by the medical sailor, dated 21 June 2009;
- An MRI left ankle by the radiologist, dated 28 October 2009;
- A specialist consultation by the sports and exercise physician, dated 28 October 2009;
- An operation report by the orthopaedic surgeon, dated 16 February 2010;
- A medical review by the senior medical officer, dated 8 October 2013.

Your service

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

15 January 2002 and 20 January 2014

Left Ankle - Sprain (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: Sprain (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a ship's medical record by the embarked medical officer and medical sailor, dated 17 May 2005.

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 pain on the outer left ankle, rapid swelling and bruising below the lateral malleolus, pain on weight-bearing and pain along the outer border of the foot on pushing off on 17 May 2005.

The diagnosis was made clinically aboard on 17 May 2005 by the embarked Medical Officer, with swelling and bruising below and in front of the lateral malleolus, tenderness over the anterior talofibular and calcaneofibular ligaments, a positive anterior drawer test and pain on inversion, together with tenderness along the peroneus longus tendon and pain on resisted eversion, within hours of a forceful inversion injury. X-ray on 22 August 2005 excluded fracture, and MRI the same day confirmed a partial tear of the anterior talofibular ligament, a calcaneofibular ligament sprain and a peroneus longus strain.

After the condition arose, it was worsened during your service. On warlike service in the Middle East Area of Operations on 21 June 2009 you fell down a ship's ladder in heavy weather under a 25 kilogram load, landing with the left ankle forced into inversion. The peroneus longus tendon was forcefully stretched in the same fall on warlike service on 21 June 2009, and the 2005 strain progressed to a partial-thickness tear on MRI on 28 October 2009. On warlike service at sea from 17 May to 10 August 2005, and from 21 June to 30 September 2009, you could obtain only strapping, a brace and analgesia from the ship's medical staff.

This has then led to further investigations and the diagnosis of your condition of *Sprain (Worsening)*. I have accepted your condition of *Sprain (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 21 June 2009.

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