# 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 Foot - Intermetatarsal Bursitis

### 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 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 22 September 2010;
- An X-ray left foot and outpatient record by the medical officer, Garrison health centre, dated 18 November 2010;
- An outpatient health record and pathology by the medical officer, Role 1 health facility, Afghanistan, dated 14 March 2011;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 16 May 2011;
- An ultrasound left forefoot by Role 2 facility, Afghanistan, dated 20 May 2011;
- A rheumatology consultation by the rheumatologist, dated 27 October 2011;
- A podiatry assessment and orthotic prescription by the podiatrist, dated 27 October 2011;
- An outpatient health record and ultrasound left forefoot by Role 2 facility, Iraq, dated 19 October 2015;
- An orthopaedic consultation and MRI left forefoot by the orthopaedic foot and ankle surgeon, dated 8 March 2016.

### Your service

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

6 February 2003 and 28 April 2020

# Left Foot - Intermetatarsal Bursitis

You have stated that your condition was caused by:

- *having rheumatoid arthritis or another inflammatory arthritis affecting the forefoot at the time of the clinical onset of intermetatarsal bursitis*
- *running or marching an average of at least 25 kilometres per week for at least the 4 weeks before the clinical onset of intermetatarsal bursitis*
- *standing or walking on hard surfaces for an average of at least 6 hours per day, on more days than not, for at least the 3 months before the clinical onset of intermetatarsal bursitis*
- *wearing footwear that compresses the forefoot, including footwear with a narrow toe box, for an average of at least 6 hours per day at the time of the clinical onset of intermetatarsal bursitis*
- *having a fracture, crush injury or other significant trauma to the affected forefoot within the 12 months before the clinical onset of intermetatarsal bursitis*
- *having a deformity or malalignment of the affected forefoot, including malunion of a metatarsal, splay foot or hallux valgus, at the time of the clinical onset of intermetatarsal bursitis*
- *having a Body Mass Index (BMI) of 30 or greater at the time of the clinical onset of intermetatarsal bursitis*

**Diagnosis:** Intermetatarsal Bursitis

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 July 2025, and is supported by an ultrasound left forefoot by Role 2 facility, Afghanistan, dated 20 May 2011.

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 rheumatoid arthritis or another inflammatory arthritis affecting the forefoot at the time of the clinical onset of intermetatarsal bursitis*
- *running or marching an average of at least 25 kilometres per week for at least the 4 weeks before the clinical onset of intermetatarsal bursitis*
- *standing or walking on hard surfaces for an average of at least 6 hours per day, on more days than not, for at least the 3 months before the clinical onset of intermetatarsal bursitis*

- *wearing footwear that compresses the forefoot, including footwear with a narrow toe box, for an average of at least 6 hours per day at the time of the clinical onset of intermetatarsal bursitis*
- *having a fracture, crush injury or other significant trauma to the affected forefoot within the 12 months before the clinical onset of intermetatarsal bursitis*
- *having a deformity or malalignment of the affected forefoot, including malunion of a metatarsal, splay foot or hallux valgus, at the time of the clinical onset of intermetatarsal bursitis*
- *having a Body Mass Index (BMI) of 30 or greater at the time of the clinical onset of intermetatarsal bursitis*

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 burning pain and a sense of fullness between the left third and fourth toes, worse with standing, running and tight boots, with the toes spreading apart and occasional tingling into the toes on 16 May 2011.

The diagnosis was confirmed by ultrasound on 20 May 2011, which showed a 9 mm by 6 mm compressible fluid-filled bursa in the third intermetatarsal space, dorsal to the deep transverse metatarsal ligament, with Doppler hyperaemia and no neuroma. The clinical findings were consistent: fullness and tenderness of the third web space, splaying of the third and fourth toes and a positive lateral squeeze test. A bursa larger than about 3 mm in transverse diameter, symptomatic and hyperaemic, is diagnostic of intermetatarsal bursitis.

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

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 12 May 2011.

# Left Foot - Intermetatarsal Bursitis (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 29 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 July 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 22 September 2010;
- An X-ray left foot and outpatient record by the medical officer, Garrison health centre, dated 18 November 2010;
- An outpatient health record and pathology by the medical officer, Role 1 health facility, Afghanistan, dated 14 March 2011;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 16 May 2011;
- An ultrasound left forefoot by Role 2 facility, Afghanistan, dated 20 May 2011;
- A rheumatology consultation by the rheumatologist, dated 27 October 2011;
- A podiatry assessment and orthotic prescription by the podiatrist, dated 27 October 2011;
- An outpatient health record and ultrasound left forefoot by Role 2 facility, Iraq, dated 19 October 2015;
- An orthopaedic consultation and MRI left forefoot by the orthopaedic foot and ankle surgeon, dated 8 March 2016.

## Your service

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

6 February 2003 and 28 April 2020

## Left Foot - Intermetatarsal Bursitis (Worsening)

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

- *running or marching an average of at least 25 kilometres per week, or standing on hard surfaces for an average of at least 6 hours per day, for at least the 4 weeks before the clinical worsening of intermetatarsal bursitis*

- *wearing footwear that compresses the forefoot, including footwear with a narrow toe box, at the time of the clinical worsening of intermetatarsal bursitis*
- *having rheumatoid arthritis or another inflammatory arthritis affecting the forefoot at the time of the clinical worsening of intermetatarsal bursitis*
- *having a deformity or malalignment of the affected forefoot, including malunion of a metatarsal, splay foot or hallux valgus, at the time of the clinical worsening of intermetatarsal bursitis*
- *having a Body Mass Index (BMI) of 30 or greater at the time of the clinical worsening of intermetatarsal bursitis*
- *inability to obtain appropriate clinical management for intermetatarsal bursitis*

**Diagnosis:** Intermetatarsal Bursitis (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 July 2025, and is supported by an ultrasound left forefoot by Role 2 facility, Afghanistan, dated 20 May 2011.

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:

- *running or marching an average of at least 25 kilometres per week, or standing on hard surfaces for an average of at least 6 hours per day, for at least the 4 weeks before the clinical worsening of intermetatarsal bursitis*
- *wearing footwear that compresses the forefoot, including footwear with a narrow toe box, at the time of the clinical worsening of intermetatarsal bursitis*
- *having rheumatoid arthritis or another inflammatory arthritis affecting the forefoot at the time of the clinical worsening of intermetatarsal bursitis*
- *having a deformity or malalignment of the affected forefoot, including malunion of a metatarsal, splay foot or hallux valgus, at the time of the clinical worsening of intermetatarsal bursitis*
- *having a Body Mass Index (BMI) of 30 or greater at the time of the clinical worsening of intermetatarsal bursitis*
- *inability to obtain appropriate clinical management for intermetatarsal bursitis*

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 burning pain and a sense of fullness between the left

third and fourth toes, worse with standing, running and tight boots, with the toes spreading apart and occasional tingling into the toes on 16 May 2011.

The diagnosis was confirmed by ultrasound on 20 May 2011, which showed a 9 mm by 6 mm compressible fluid-filled bursa in the third intermetatarsal space, dorsal to the deep transverse metatarsal ligament, with Doppler hyperaemia and no neuroma. The clinical findings were consistent: fullness and tenderness of the third web space, splaying of the third and fourth toes and a positive lateral squeeze test. A bursa larger than about 3 mm in transverse diameter, symptomatic and hyperaemic, is diagnostic of intermetatarsal bursitis.

After the condition arose, it was worsened during your service. During warlike service in Iraq you stood 12 hours a shift at a checkpoint and ran about 30 kilometres a week throughout the 4 weeks before the worsening, from 21 September 2015 to 19 October 2015, when ultrasound showed the bursa had enlarged from 9 mm by 6 mm to 16 mm by 10 mm. In Iraq wide-fitting boots were not available in theatre and your prescribed wide boots and orthoses were lost in transit, so you wore standard narrow-fitting issue boots for 12-hour shifts at the time of the worsening on 19 October 2015. At the worsening on 19 October 2015 you had a flare of seropositive rheumatoid arthritis, with synovitis of the left fourth metatarsophalangeal joint on ultrasound, after methotrexate was interrupted for five weeks because pathology monitoring was not available in theatre. The malunited third and fourth metatarsal necks from the service crush injury of 2010 were present at the worsening in October 2015, with 10 degrees of plantar angulation of the fourth metatarsal confirmed on MRI on 8 March 2016. Your BMI was 33.5 on 19 October 2015, at the time of the worsening, after reduced activity from your forefoot pain and rheumatoid arthritis. Podiatry, orthoses and wide-fitting boots were not available during warlike service in Afghanistan in 2011, and rheumatology referral for the rheumatoid arthritis underlying the bursitis was deferred until your return.

This has then led to further investigations and the diagnosis of your condition of *Intermetatarsal Bursitis (Worsening)*. I have accepted your condition of *Intermetatarsal Bursitis (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 19 October 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.*