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 - Laceration Left 5th TOE

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 10 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 June 2025;
- A pre-deployment medical examination by the medical officer, dated 26 January 2016;
- A ship's medical record and telemedicine consultation by the medical sailor and shore-based medical officer, dated 9 May 2016;
- A ship's incident report by the marine engineering officer, dated 9 May 2016;
- A ship's medical record by the medical sailor, dated 13 May 2016;
- An admission record (microbiology and X-ray reports) by the medical officer, Coalition medical facility, dated 18 May 2016;
- A ship's medical record and X-ray report by the medical officer, dated 6 July 2016;
- A podiatry report by the podiatrist, dated 22 October 2018.

Your service

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

3 February 2009 and 11 June 2021

Left Foot - Laceration Left 5th TOE

You have stated that your condition was caused by:

- *having direct physical trauma to the affected site at the time of the cut, stab, abrasion or laceration*

Diagnosis: Laceration Left 5th TOE

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 10 June 2025, and is supported by a ship's medical record and telemedicine consultation by the medical sailor and shore-based medical officer, dated 9 May 2016.

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

Statement of Principles concerning Cut, Stab, Abrasion and Laceration (Reasonable Hypothesis) (No. 37 of 2025)

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

I am satisfied that you have met the following factor:

- *having direct physical trauma to the affected site at the time of the cut, stab, abrasion or laceration*

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 severe pain and bleeding from a deep cut along the outer side of the left little toe on 9 May 2016.

The diagnosis was made clinically by the medical sailor on 9 May 2016, who recorded a 3 cm full-thickness laceration along the lateral aspect of the left fifth toe extending onto the nail fold, with fat exposed, and closed it with sutures after telemedicine advice. This is an injury that interrupts the continuity of the epidermis and causes a wound penetrating to the subcutaneous tissue, which meets the Statement of Principles definition. It was not caused by any of the excluded mechanisms.

This has then led to further investigations and the diagnosis of your condition of *Laceration Left 5th TOE*. I have accepted your condition of *Laceration Left 5th TOE*.

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 9 May 2016.

Left Foot - Laceration Left 5th TOE (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 10 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 June 2025;
- A pre-deployment medical examination by the medical officer, dated 26 January 2016;
- A ship's medical record and telemedicine consultation by the medical sailor and shore-based medical officer, dated 9 May 2016;
- A ship's incident report by the marine engineering officer, dated 9 May 2016;
- A ship's medical record by the medical sailor, dated 13 May 2016;
- An admission record (microbiology and X-ray reports) by the medical officer, Coalition medical facility, dated 18 May 2016;
- A ship's medical record and X-ray report by the medical officer, dated 6 July 2016;
- A podiatry report by the podiatrist, dated 22 October 2018.

Your service

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

3 February 2009 and 11 June 2021

Left Foot - Laceration Left 5th TOE (Worsening)

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

- *inability to obtain appropriate clinical management for cut, stab, abrasion or laceration before clinical worsening*

Diagnosis: Laceration Left 5th TOE (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 10 June 2025, and is supported by a ship's medical record and telemedicine consultation by the medical sailor and shore-based medical officer, dated 9 May 2016.

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

Statement of Principles concerning Cut, Stab, Abrasion and Laceration (Reasonable Hypothesis) (No. 37 of 2025)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for cut, stab, abrasion or laceration before clinical worsening*

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 severe pain and bleeding from a deep cut along the outer side of the left little toe on 9 May 2016.

The diagnosis was made clinically by the medical sailor on 9 May 2016, who recorded a 3 cm full-thickness laceration along the lateral aspect of the left fifth toe extending onto the nail fold, with fat exposed, and closed it with sutures after telemedicine advice. This is an injury that interrupts the continuity of the epidermis and causes a wound penetrating to the subcutaneous tissue, which meets the Statement of Principles definition. It was not caused by any of the excluded mechanisms.

After the condition arose, it was worsened during your service. On non-warlike service at sea in the Middle East from 09 to 18 May 2016 the frigate could not land you for medical officer review or X-ray because it was on patrol nine days from port, and you continued machinery space watches in wet boots.

This has then led to further investigations and the diagnosis of your condition of *Laceration Left 5th TOE (Worsening)*. I have accepted your condition of *Laceration Left 5th TOE (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 18 May 2016.

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