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 - Plantar Fasciitis

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 3 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 July 2025;
- An emergency department record by the x-ray and operation report, Orthopaedic surgeon, dated 22 May 2006;
- A gait assessment and orthotic prescription by the podiatrist, dated 16 August 2007;
- An annual health assessment by the medical officer, Garrison health centre, dated 5 January 2009;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 January 2009;
- An outpatient health record by the medical officer, Garrison health centre, dated 17 February 2009;
- An MRI left foot and aspiration microbiology report by the radiologist, dated 18 February 2009;
- A sports medicine consultation by the sports physician, dated 18 February 2009;
- An ultrasound left heel by the radiologist, dated 26 November 2009;
- An incident report by the afghanistan, dated 22 July 2010;
- A role 2 attendance (ultrasound and wound microbiology) by the medical officer, Afghanistan, dated 28 July 2010;
- An MRI left foot by the radiologist, dated 20 September 2010;
- A podiatry and sports medicine review by the podiatrist and sports physician, dated 4 October 2010.

Your service

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

19 January 2004 and 27 May 2016

Left Foot - Plantar Fasciitis

You have stated that your condition was caused by:

- *having trauma to the plantar aspect of the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *having an infection involving the plantar fascia at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *running or jogging an average of at least 30 kilometres per week for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *undertaking exercise that involves repetitive weight bearing on the affected foot for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected foot: (a) by at least 200 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; and within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *undergoing prolonged weight bearing on the affected foot while on a hard surface for at least five hours per day, on more days than not, for the 12 months before the clinical onset or clinical worsening of plantar fasciitis*
- *being overweight or obese at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having a systemic arthritic disease at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having an acquired biomechanical abnormality involving the affected foot before the clinical onset or clinical worsening of plantar fasciitis*
- *wearing footwear with inadequate cushioning during weight bearing exercise which involves the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*

Diagnosis: Plantar Fasciitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 July 2025, and is supported by an MRI left foot and aspiration microbiology report by the radiologist, dated 18 February 2009.

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

Statement of Principles concerning Plantar Fasciitis (Balance of Probabilities) (No. 83 of 2023)

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

I am satisfied that you have met the following factor:

- *having trauma to the plantar aspect of the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *having an infection involving the plantar fascia at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *running or jogging an average of at least 30 kilometres per week for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *undertaking exercise that involves repetitive weight bearing on the affected foot for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected foot: (a) by at least 200 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; and within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *undergoing prolonged weight bearing on the affected foot while on a hard surface for at least five hours per day, on more days than not, for the 12 months before the clinical onset or clinical worsening of plantar fasciitis*
- *being overweight or obese at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having a systemic arthritic disease at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having an acquired biomechanical abnormality involving the affected foot before the clinical onset or clinical worsening of plantar fasciitis*
- *wearing footwear with inadequate cushioning during weight bearing exercise which involves the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*

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 under the inner part of the left heel, worst with the first steps in the morning and after sitting, with swelling and warmth of the heel and difficulty completing patrols on 17 February 2009.

The diagnosis was made by a sports physician on 18 February 2009 on the typical history of inferior heel pain worst with the first steps in the morning, tenderness over the medial calcaneal

origin of the plantar fascia, and MRI showing thickening of the proximal plantar fascia to 6.1 mm with high signal and enhancement. An intrafascial collection was aspirated and grew Pseudomonas aeruginosa. This is a painful inflammatory condition of the plantar fascia within the Statement of Principles definition, and there was no plantar fibromatosis.

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

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 16 February 2009.

Left Foot - Plantar Fasciitis (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 3 July 2025;
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- An MRI left foot by the radiologist, dated 20 September 2010;
- A podiatry and sports medicine review by the podiatrist and sports physician, dated 4 October 2010.

Your service

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

19 January 2004 and 27 May 2016

Left Foot - Plantar Fasciitis (Worsening)

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

- *having trauma to the plantar aspect of the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *having an infection involving the plantar fascia at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *running or jogging an average of at least 30 kilometres per week for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *undertaking exercise that involves repetitive weight bearing on the affected foot for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected foot: (a) by at least 200 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; and within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *undergoing prolonged weight bearing on the affected foot while on a hard surface for at least five hours per day, on more days than not, for the 12 months before the clinical onset or clinical worsening of plantar fasciitis*
- *being overweight or obese at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having a systemic arthritic disease at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having an acquired biomechanical abnormality involving the affected foot before the clinical onset or clinical worsening of plantar fasciitis*
- *wearing footwear with inadequate cushioning during weight bearing exercise which involves the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *inability to obtain appropriate clinical management for plantar fasciitis before the clinical worsening of plantar fasciitis*

Diagnosis: Plantar Fasciitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 July 2025, and is supported by an MRI left foot and aspiration microbiology report by the radiologist, dated 18 February 2009.

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

Statement of Principles concerning Plantar Fasciitis (Balance of Probabilities) (No. 83 of 2023)

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

I am satisfied that you have met the following factor:

- *having trauma to the plantar aspect of the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *having an infection involving the plantar fascia at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *running or jogging an average of at least 30 kilometres per week for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *undertaking exercise that involves repetitive weight bearing on the affected foot for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
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- *being overweight or obese at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having a systemic arthritic disease at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having an acquired biomechanical abnormality involving the affected foot before the clinical onset or clinical worsening of plantar fasciitis*
- *wearing footwear with inadequate cushioning during weight bearing exercise which involves the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *inability to obtain appropriate clinical management for plantar fasciitis before the clinical worsening of plantar fasciitis*

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 under the inner part of the left heel, worst with the first steps in the morning and after sitting, with swelling and warmth of the heel and difficulty completing patrols on 17 February 2009.

The diagnosis was made by a sports physician on 18 February 2009 on the typical history of inferior heel pain worst with the first steps in the morning, tenderness over the medial calcaneal origin of the plantar fascia, and MRI showing thickening of the proximal plantar fascia to 6.1 mm with high signal and enhancement. An intrafascial collection was aspirated and grew Pseudomonas aeruginosa. This is a painful inflammatory condition of the plantar fascia within the Statement of Principles definition, and there was no plantar fibromatosis.

After the condition arose, it was worsened during your service. On 11 February 2009, on a peacetime field policing course, a nail protruding from a board at an urban training facility pierced the sole of your boot and the plantar aspect of your left heel. MRI on 18 February 2009 showed an 8 mm collection within the enhancing plantar fascia, and ultrasound-guided aspiration grew Pseudomonas aeruginosa, introduced by the nail puncture through your boot. From December 2008 you ran 35 to 40 km a week, recorded in your unit training log, to prepare for a military police fitness assessment and the field course. In addition to running, you completed three pack marches a week of about two hours each with a 20 kg load, an intensity of about 6 to 7 METs, about six hours a week, throughout the 2 months before onset as part of your unit's physical training program. In the week before the course you were on office duties, walking about 1.5 hours a day. From February 2008 to February 2009 you worked as a garrison military policeman, staffing entry control points and patrolling on concrete and bitumen in eight to 12-hour shifts, five days a week, standing or walking for at least five hours on each of those days. You weighed 89 kg at a height of 1.80 m on 14 January 2009, a BMI of 27.5, and your weight was unchanged at onset on 16 February 2009. Gout was confirmed on 14 January 2009 after a second acute attack of the left first metatarsophalangeal joint with a serum urate of 0.56 mmol/L, and you were taking allopurinol at onset. The displaced left ankle fracture sustained on a peacetime obstacle course on 22 May 2006 and fixed surgically left a permanent loss of left ankle dorsiflexion, 5 degrees against 15 degrees on the right, with compensatory overpronation of the left foot documented on gait assessment in 2007. During the field course from 9 February 2009 you patrolled in old issue boots with compressed, worn midsoles because your request for replacements had not been filled by the unit store. The custom orthoses prescribed for your plantar fasciitis wore out in April 2010 and could not be replaced, and there was no podiatrist or physiotherapist at your location, so you continued long shifts and patrols without your prescribed treatment until the worsening documented on 28 July 2010.

This has then led to further investigations and the diagnosis of your condition of *Plantar Fasciitis (Worsening)*. I have accepted your condition of *Plantar Fasciitis (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 18 February 2009.

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