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 - Sesamoiditis

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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 April 2025;
- A podiatry assessment by the podiatrist, dated 14 March 2011;
- An outpatient health record by the medical officer, Afghanistan, dated 10 April 2012;
- An X-ray left foot by Role 2 facility, Afghanistan, dated 2 June 2012;
- An outpatient health record by the medical officer, Afghanistan, dated 8 July 2012;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 21 July 2012;
- An MRI left forefoot and sports medicine consultation by the sports physician, dated 20 November 2012;
- An outpatient health record by the medical officer, Iraq, dated 28 September 2015;
- An MRI left forefoot and orthopaedic consultation by the orthopaedic surgeon, dated 14 December 2015;
- An operation report by the orthopaedic surgeon, dated 22 June 2016.

Your service

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

5 July 2004 and 18 October 2018

Left Foot - Sesamoiditis

You have stated that your condition was caused by:

- *running or jogging an average of at least 30 kilometres per week for at least the 4 weeks before the clinical onset of sesamoiditis*
- *undertaking weight bearing activity involving repetitive loading of the forefoot, such as marching, patrolling, jumping or parachute landing, for at least 6 hours per week for at least the 4 weeks before the clinical onset of sesamoiditis*
- *increasing the frequency, duration or intensity of weight bearing activity involving the forefoot by at least 100 percent within the 1 week before the clinical onset of sesamoiditis*
- *having direct trauma to the plantar aspect of the first metatarsophalangeal joint of the affected foot within the 3 months before the clinical onset of sesamoiditis*
- *having pes cavus or a plantarflexed first ray of the affected foot at the time of the clinical onset of sesamoiditis*
- *wearing rigid-soled or poorly cushioned footwear while weight bearing for at least 8 hours per day for at least the 6 months before the clinical onset of sesamoiditis*
- *having hallux limitus, hallux rigidus or hallux valgus of the affected foot at the time of the clinical onset of sesamoiditis*
- *having reduced ankle dorsiflexion or tightness of the gastrocnemius-soleus complex on the affected side at the time of the clinical onset of sesamoiditis*
- *having an inflammatory arthritis, including a spondyloarthropathy, reactive arthritis or gout, involving the affected foot at the time of the clinical onset of sesamoiditis*
- *having a Body Mass Index of 30 or greater at the time of the clinical onset of sesamoiditis*

Diagnosis: Sesamoiditis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 April 2025, and is supported by an MRI left forefoot and sports medicine consultation by the sports physician, dated 20 November 2012.

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 jogging an average of at least 30 kilometres per week for at least the 4 weeks before the clinical onset of sesamoiditis*

- *undertaking weight bearing activity involving repetitive loading of the forefoot, such as marching, patrolling, jumping or parachute landing, for at least 6 hours per week for at least the 4 weeks before the clinical onset of sesamoiditis*
- *increasing the frequency, duration or intensity of weight bearing activity involving the forefoot by at least 100 percent within the 1 week before the clinical onset of sesamoiditis*
- *having direct trauma to the plantar aspect of the first metatarsophalangeal joint of the affected foot within the 3 months before the clinical onset of sesamoiditis*
- *having pes cavus or a plantarflexed first ray of the affected foot at the time of the clinical onset of sesamoiditis*
- *wearing rigid-soled or poorly cushioned footwear while weight bearing for at least 8 hours per day for at least the 6 months before the clinical onset of sesamoiditis*
- *having hallux limitus, hallux rigidus or hallux valgus of the affected foot at the time of the clinical onset of sesamoiditis*
- *having reduced ankle dorsiflexion or tightness of the gastrocnemius-soleus complex on the affected side at the time of the clinical onset of sesamoiditis*
- *having an inflammatory arthritis, including a spondyloarthropathy, reactive arthritis or gout, involving the affected foot at the time of the clinical onset of sesamoiditis*
- *having a Body Mass Index of 30 or greater at the time of the clinical onset of sesamoiditis*

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 beneath the left big toe joint, worse when pushing off, running, jumping and walking on uneven ground, with swelling and tenderness over the medial sesamoid on 21 July 2012.

The diagnosis was confirmed by MRI on 20 November 2012, which showed marrow oedema of the medial and lateral sesamoids with surrounding soft tissue inflammation and no fracture, in keeping with sesamoiditis. X-ray on 2 June 2012 had excluded an acute fracture and showed a bipartite lateral sesamoid, which was distinguished from a fracture on MRI.

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

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 18 July 2012.

Left Foot - Sesamoiditis (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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 April 2025;
- A podiatry assessment by the podiatrist, dated 14 March 2011;
- An outpatient health record by the medical officer, Afghanistan, dated 10 April 2012;
- An X-ray left foot by Role 2 facility, Afghanistan, dated 2 June 2012;
- An outpatient health record by the medical officer, Afghanistan, dated 8 July 2012;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 21 July 2012;
- An MRI left forefoot and sports medicine consultation by the sports physician, dated 20 November 2012;
- An outpatient health record by the medical officer, Iraq, dated 28 September 2015;
- An MRI left forefoot and orthopaedic consultation by the orthopaedic surgeon, dated 14 December 2015;
- An operation report by the orthopaedic surgeon, dated 22 June 2016.

Your service

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

5 July 2004 and 18 October 2018

Left Foot - Sesamoiditis (Worsening)

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

- *undertaking running or weight bearing activity involving repetitive loading of the forefoot for at least 6 hours per week for at least the 4 weeks before the clinical worsening of sesamoiditis*
- *increasing the frequency, duration or intensity of weight bearing activity involving the forefoot by at least 100 percent within the 1 week before the clinical worsening of sesamoiditis*

- *having direct trauma to the plantar aspect of the first metatarsophalangeal joint of the affected foot within the 3 months before the clinical worsening of sesamoiditis*
- *having a Body Mass Index of 30 or greater at the time of the clinical worsening of sesamoiditis*
- *inability to obtain appropriate clinical management for sesamoiditis*

Diagnosis: Sesamoiditis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 April 2025, and is supported by an MRI left forefoot and sports medicine consultation by the sports physician, dated 20 November 2012.

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:

- *undertaking running or weight bearing activity involving repetitive loading of the forefoot for at least 6 hours per week for at least the 4 weeks before the clinical worsening of sesamoiditis*
- *increasing the frequency, duration or intensity of weight bearing activity involving the forefoot by at least 100 percent within the 1 week before the clinical worsening of sesamoiditis*
- *having direct trauma to the plantar aspect of the first metatarsophalangeal joint of the affected foot within the 3 months before the clinical worsening of sesamoiditis*
- *having a Body Mass Index of 30 or greater at the time of the clinical worsening of sesamoiditis*
- *inability to obtain appropriate clinical management for sesamoiditis*

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 beneath the left big toe joint, worse when pushing off, running, jumping and walking on uneven ground, with swelling and tenderness over the medial sesamoid on 21 July 2012.

The diagnosis was confirmed by MRI on 20 November 2012, which showed marrow oedema of the medial and lateral sesamoids with surrounding soft tissue inflammation and no fracture, in keeping with sesamoiditis. X-ray on 2 June 2012 had excluded an acute fracture and showed a bipartite lateral sesamoid, which was distinguished from a fracture on MRI.

After the condition arose, it was worsened during your service. On warlike service in Iraq you ran about 40 kilometres a week and spent more than 10 hours a week on range work, patrol rehearsals and parachute training in the 4 weeks before the worsening, from 28 August 2015 to 25 September 2015. From 18 September 2015 your training load in Iraq rose from about 2 hours to about 5 hours a day for a mission rehearsal period, within the 1 week before the worsening on 25 September 2015. On 4 September 2015 you landed heavily on the left forefoot during a training parachute descent in Iraq, within the 3 months before the worsening. Your BMI was 31.4 at presentation on 28 September 2015, at the time of the worsening on warlike service in Iraq. On warlike service in Iraq from April to November 2015 your orthoses had worn out and no podiatry, replacement orthoses, imaging or sports medicine review was available.

This has then led to further investigations and the diagnosis of your condition of *Sesamoiditis (Worsening)*. I have accepted your condition of *Sesamoiditis (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 25 September 2015.

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