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 - Splinter Injury with Infection

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 2 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 September 2025;
- A pre-deployment medical examination by the medical officer, dated 25 February 2010;
- A treatment record by the medic, Forward patrol base, Afghanistan, dated 6 June 2010;
- An aeromedical evacuation request record by the medic and operations staff, dated 7 June 2010;
- A treatment record by the medic, Forward patrol base, Afghanistan, dated 11 June 2010;
- An ultrasound by the x-ray, operation and microbiology reports, Radiologist and Surgeon, Role 2 facility, Afghanistan, dated 13 June 2010;
- An outpatient health record by the medical officer, Afghanistan, dated 30 June 2010;
- A podiatry report and ultrasound report by the podiatrist and radiologist, dated 17 March 2011.

Your service

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

11 January 1999 and 26 February 2014

Left Foot - Splinter Injury with Infection

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: Splinter Injury with Infection

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 September 2025, and is supported by a treatment record by the medic, Forward patrol base, Afghanistan, dated 6 June 2010.

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 sharp pain and bleeding from a puncture in the ball of the left foot, with a persistent sensation of something in the foot when walking on 6 June 2010.

The diagnosis was made clinically by the medic on 6 June 2010, who recorded a 4 mm puncture wound of the left sole and removed a 2 cm splinter with a broken end. 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 *Splinter Injury with Infection*. I have accepted your condition of *Splinter Injury with Infection*.

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 6 June 2010.

Left Foot - Splinter Injury with Infection (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 2 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 2 September 2025;
- A pre-deployment medical examination by the medical officer, dated 25 February 2010;
- A treatment record by the medic, Forward patrol base, Afghanistan, dated 6 June 2010;
- An aeromedical evacuation request record by the medic and operations staff, dated 7 June 2010;
- A treatment record by the medic, Forward patrol base, Afghanistan, dated 11 June 2010;
- An ultrasound by the x-ray, operation and microbiology reports, Radiologist and Surgeon, Role 2 facility, Afghanistan, dated 13 June 2010;
- An outpatient health record by the medical officer, Afghanistan, dated 30 June 2010;
- A podiatry report and ultrasound report by the podiatrist and radiologist, dated 17 March 2011.

Your service

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

11 January 1999 and 26 February 2014

Left Foot - Splinter Injury with Infection (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: Splinter Injury with Infection (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 2 September 2025, and is supported by a treatment record by the medic, Forward patrol base, Afghanistan, dated 6 June 2010.

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 sharp pain and bleeding from a puncture in the ball of the left foot, with a persistent sensation of something in the foot when walking on 6 June 2010.

The diagnosis was made clinically by the medic on 6 June 2010, who recorded a 4 mm puncture wound of the left sole and removed a 2 cm splinter with a broken end. 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 warlike service in Afghanistan from 06 to 13 June 2010 you could not be moved to the role 2 facility for ultrasound and removal of the retained fragment because helicopters were committed to an operation and road moves were suspended for an improvised explosive device threat.

This has then led to further investigations and the diagnosis of your condition of *Splinter Injury with Infection (Worsening)*. I have accepted your condition of *Splinter Injury with Infection (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 13 June 2010.

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.