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 Lower Leg - Medial Tibial Stress Syndrome (Shin Splints)

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 14 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 July 2025;
- An enlistment medical examination by the medical officer, dated 14 January 2009;
- A pre-course health screen by the medical officer, Training establishment health centre, dated 11 February 2013;
- Course training records by the physical training instructor course, dated 18 February 2013;
- An outpatient health record by the medical officer, Training establishment health centre, dated 20 March 2013;
- An MRI left tibia by the radiologist, dated 28 March 2013;
- A periodic health assessment by the medical officer, dated 6 September 2015;
- An outpatient health record by the medical officer, Role 1 facility, Iraq, dated 15 April 2017;
- An MRI left tibia and weight bearing X-ray feet by the radiologist, dated 10 July 2017;
- A sports medicine consultation by the sports physician, dated 10 July 2017;
- A medical discharge documentation by the senior medical officer, dated 3 August 2020.

Your service

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

14 January 2009 and 3 August 2020

Left Lower Leg - Medial Tibial Stress Syndrome (Shin Splints)

You have stated that your condition was caused by:

- *running or jogging an average of at least 60 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 6 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 4 hours per day; within the 2 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *having pes planus of the affected limb before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*

Diagnosis: Medial Tibial Stress Syndrome (Shin Splints)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 July 2025, and is supported by an outpatient health record by the medical officer, Training establishment health centre, dated 20 March 2013.

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

Statement of Principles concerning Medial Tibial Stress Syndrome (Shin Splints) (Balance of Probabilities) (No. 97 of 2023)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 60 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 6 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 4 hours per day; within the 2 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *having pes planus of the affected limb before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*

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 an aching pain along the inner border of the lower third of the left shin that came on during running and marching and eased with rest on 20 March 2013.

The diagnosis was made clinically on 20 March 2013 on the history of exercise-induced pain along the inner border of the distal left shin easing with rest, and the finding of diffuse tenderness along the posteromedial border of the distal tibia over 11 centimetres without focal bony tenderness. MRI on 28 March 2013 confirmed periosteal oedema along the posteromedial distal tibia without a fracture line, which meets the Statement of Principles definition of a bone stress reaction or periosteal inflammation of the distal two-thirds of the tibia and excludes stress fracture.

This has then led to further investigations and the diagnosis of your condition of *Medial Tibial Stress Syndrome (Shin Splints)*. I have accepted your condition of *Medial Tibial Stress Syndrome (Shin Splints)*.

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 18 March 2013.

Left Lower Leg - Medial Tibial Stress Syndrome (Shin Splints) (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 14 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 July 2025;
- An enlistment medical examination by the medical officer, dated 14 January 2009;
- A pre-course health screen by the medical officer, Training establishment health centre, dated 11 February 2013;
- Course training records by the physical training instructor course, dated 18 February 2013;
- An outpatient health record by the medical officer, Training establishment health centre, dated 20 March 2013;
- An MRI left tibia by the radiologist, dated 28 March 2013;
- A periodic health assessment by the medical officer, dated 6 September 2015;
- An outpatient health record by the medical officer, Role 1 facility, Iraq, dated 15 April 2017;
- An MRI left tibia and weight bearing X-ray feet by the radiologist, dated 10 July 2017;
- A sports medicine consultation by the sports physician, dated 10 July 2017;
- A medical discharge documentation by the senior medical officer, dated 3 August 2020.

Your service

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

14 January 2009 and 3 August 2020

Left Lower Leg - Medial Tibial Stress Syndrome (Shin Splints) (Worsening)

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

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*

- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the 2 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *having pes planus of the affected limb before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *inability to obtain appropriate clinical management for medial tibial stress syndrome (shin splints) before the clinical worsening of medial tibial stress syndrome (shin splints)*

Diagnosis: Medial Tibial Stress Syndrome (Shin Splints) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 July 2025, and is supported by an outpatient health record by the medical officer, Training establishment health centre, dated 20 March 2013.

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

Statement of Principles concerning Medial Tibial Stress Syndrome (Shin Splints) (Reasonable Hypothesis) (No. 96 of 2023)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *increasing the frequency, duration or intensity of weight bearing activity involving the lower leg on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the 2 weeks before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *having pes planus of the affected limb before the clinical onset or clinical worsening of medial tibial stress syndrome (shin splints)*
- *inability to obtain appropriate clinical management for medial tibial stress syndrome (shin splints) before the clinical worsening of medial tibial stress syndrome (shin splints)*

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 an aching pain along the inner border of the lower third of the left shin that came on during running and marching and eased with rest on 20 March 2013.

The diagnosis was made clinically on 20 March 2013 on the history of exercise-induced pain along the inner border of the distal left shin easing with rest, and the finding of diffuse tenderness along the posteromedial border of the distal tibia over 11 centimetres without focal bony tenderness. MRI on 28 March 2013 confirmed periosteal oedema along the posteromedial distal tibia without a fracture line, which meets the Statement of Principles definition of a bone stress reaction or periosteal inflammation of the distal two-thirds of the tibia and excludes stress fracture.

After the condition arose, it was worsened during your service. During warlike service at Taji, Iraq, you ran about 38 kilometres a week on the camp perimeter road throughout the 4 weeks before the worsening, from 17 March 2017 to 14 April 2017, to maintain the fitness standard required of training team instructors and to lead fitness sessions with Iraqi soldiers. Throughout the 4 weeks from 17 March 2017 to 14 April 2017, on warlike service in Iraq, you demonstrated and led field and fitness drills, including fire and movement, obstacle work and loaded marching, on hard-packed ground for at least 6 hours a week at 5 METs or more, in addition to your running. From 1 April 2017, within the 2 weeks before the worsening on 14 April 2017, a training surge for a new Iraqi cohort increased your daily weight bearing instruction from about 1.5 hours to 4 hours a day, an increase of 167 per cent, at an intensity of 5 METs or more. Left pes planus was recorded at enlistment on 14 January 2009 and was present at the worsening on warlike service on 14 April 2017. On warlike service at Taji from 15 April 2017 to 25 June 2017 you had no access to physiotherapy, imaging or replacement orthoses and was not released from instructing because of operational manning.

This has then led to further investigations and the diagnosis of your condition of *Medial Tibial Stress Syndrome (Shin Splints) (Worsening)*. I have accepted your condition of *Medial Tibial Stress Syndrome (Shin Splints) (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 14 April 2017.

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.