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.

Right Ankle - Calcaneofibular Ligament Sprain (grade 1)

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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 21 November 2007;
- A sick bay record by the ship's medical officer, Middle East Area of Operations, dated 17 April 2008;
- An ultrasound report by the radiologist, dated 2 October 2008;
- A physiotherapy assessment by the physiotherapist, Naval health centre, dated 2 October 2008;
- A sick bay record by the ship's medical officer, Middle East Area of Operations, dated 8 June 2012;
- An MRI report by the radiologist, dated 14 November 2012;
- A sports medicine consultation by the sports physician, dated 14 November 2012;
- An outpatient health record by the medical officer, Naval health centre, dated 19 March 2014;
- An ultrasound report by the radiologist, dated 21 March 2014;
- A separation medical examination by the medical officer, dated 20 November 2016;
- A clinical assessment by the general practitioner, dated 9 April 2025.

Your service

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

15 January 1998 and 20 November 2016

Right Ankle - Calcaneofibular Ligament Sprain (grade 1)

You have stated that your condition was caused by:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

Diagnosis: Calcaneofibular Ligament Sprain (grade 1)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a sick bay record by the ship's medical officer, Middle East Area of Operations, dated 17 April 2008.

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

Statement of Principles concerning Sprain and Strain (Reasonable Hypothesis) (No. 27 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical onset of a strain to that muscle or tendon*

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 sudden pain and swelling below and behind the right outer ankle bone, pain along the outer calf, and pain on walking and on ladders on 17 April 2008.

The diagnosis was made clinically by the ship's medical officer on 17 April 2008 from a clear inversion mechanism, swelling and tenderness immediately below and behind the tip of the lateral malleolus, pain on inversion stress with the ankle dorsiflexed, a negative anterior drawer test and no laxity, together with tenderness and pain on resisted eversion of the peroneus longus. This pattern localises the injury to the calcaneofibular ligament and grades it as a grade 1 sprain.

This has then led to further investigations and the diagnosis of your condition of *Calcaneofibular Ligament Sprain (grade 1)*. I have accepted your condition of *Calcaneofibular Ligament Sprain (grade 1)*.

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 17 April 2008.

Right Ankle - Calcaneofibular Ligament Sprain (grade 1) (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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 21 November 2007;
- A sick bay record by the ship's medical officer, Middle East Area of Operations, dated 17 April 2008;
- An ultrasound report by the radiologist, dated 2 October 2008;
- A physiotherapy assessment by the physiotherapist, Naval health centre, dated 2 October 2008;
- A sick bay record by the ship's medical officer, Middle East Area of Operations, dated 8 June 2012;
- An MRI report by the radiologist, dated 14 November 2012;
- A sports medicine consultation by the sports physician, dated 14 November 2012;
- An outpatient health record by the medical officer, Naval health centre, dated 19 March 2014;
- An ultrasound report by the radiologist, dated 21 March 2014;
- A separation medical examination by the medical officer, dated 20 November 2016;
- A clinical assessment by the general practitioner, dated 9 April 2025.

Your service

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

15 January 1998 and 20 November 2016

Right Ankle - Calcaneofibular Ligament Sprain (grade 1) (Worsening)

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

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

Diagnosis: Calcaneofibular Ligament Sprain (grade 1) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a sick bay record by the ship's medical officer, Middle East Area of Operations, dated 17 April 2008.

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

Statement of Principles concerning Sprain and Strain (Balance of Probabilities) (No. 28 of 2020)

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

I am satisfied that you have met the following factor:

- *experiencing a significant physical force applied to or through the affected joint, at the time of the clinical worsening of a sprain to that joint ligament*
- *forceful stretching or high intensity use of a muscle or tendon at the time of the clinical worsening of a strain to that muscle or tendon*
- *inability to obtain appropriate clinical management for sprain or strain*

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 sudden pain and swelling below and behind the right outer ankle bone, pain along the outer calf, and pain on walking and on ladders on 17 April 2008.

The diagnosis was made clinically by the ship's medical officer on 17 April 2008 from a clear inversion mechanism, swelling and tenderness immediately below and behind the tip of the lateral malleolus, pain on inversion stress with the ankle dorsiflexed, a negative anterior drawer test and no laxity, together with tenderness and pain on resisted eversion of the peroneus longus. This pattern localises the injury to the calcaneofibular ligament and grades it as a grade 1 sprain.

After the condition arose, it was worsened during your service. On 19 March 2014, during a unit touch football competition at a naval base in Sydney that formed part of the ship's organised physical training, you side-stepped on uneven grass and rolled your right ankle into inversion

under your full body weight. In the same incident on 19 March 2014 the peroneus longus was forcibly stretched as the ankle rolled into inversion against its contraction. After the ship returned to Australia in August 2008 your first ultrasound was not performed until 2 October 2008, almost six months after the injury, and after the 2012 re-injury the MRI was not performed until November 2012.

This has then led to further investigations and the diagnosis of your condition of *Calcaneofibular Ligament Sprain (grade 1) (Worsening)*. I have accepted your condition of *Calcaneofibular Ligament Sprain (grade 1) (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 21 March 2014.

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.