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 - Flexor Hallucis Longus Tendinopathy

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 17 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 September 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 2 February 2009;
- A patrol casualty record by the patrol medic, Afghanistan, dated 14 June 2009;
- A deployed health record and X-ray report by the medical officer, Role 2 facility, Afghanistan, dated 16 June 2009;
- An outpatient health record and MRI right ankle report by the medical officer and radiologist, dated 10 November 2009;
- A specialist consultation by the sports physician, dated 8 April 2010;
- A deployed health record by the medical officer, Forward operating base, Afghanistan, dated 18 March 2012;
- An MRI right ankle report and specialist review by the radiologist and sports physician, dated 4 August 2012;
- An operation report by the orthopaedic foot and ankle surgeon, dated 19 February 2013.

Your service

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

12 March 2001 and 20 June 2016

Right Ankle - Flexor Hallucis Longus Tendinopathy

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: Flexor Hallucis Longus Tendinopathy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 September 2025, and is supported by a deployed health record and X-ray report by the medical officer, Role 2 facility, Afghanistan, dated 16 June 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 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 behind the right medial malleolus and in the arch, worse with pushing off and with resisted great toe flexion, together with lateral ankle pain and swelling on 14 June 2009.

The strain was diagnosed by a medical officer on 16 June 2009 on the basis of immediate pain and tenderness along the course of flexor hallucis longus after a forceful dorsiflexion injury, with pain on resisted great toe flexion. This meets the Statement of Principles definition of strain: tearing or stretching of a tendon with pain and tenderness at that site within the 24 hours following the injury. The associated lateral ligament injury meets the definition of sprain. MRI on 10 November 2009 confirmed tearing of the tendon, showing a partial longitudinal split tear with tenosynovitis.

This has then led to further investigations and the diagnosis of your condition of *Flexor Hallucis Longus Tendinopathy*. I have accepted your condition of *Flexor Hallucis Longus Tendinopathy*.

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 14 June 2009.

Right Ankle - Flexor Hallucis Longus Tendinopathy (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 17 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 September 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 2 February 2009;
- A patrol casualty record by the patrol medic, Afghanistan, dated 14 June 2009;
- A deployed health record and X-ray report by the medical officer, Role 2 facility, Afghanistan, dated 16 June 2009;
- An outpatient health record and MRI right ankle report by the medical officer and radiologist, dated 10 November 2009;
- A specialist consultation by the sports physician, dated 8 April 2010;
- A deployed health record by the medical officer, Forward operating base, Afghanistan, dated 18 March 2012;
- An MRI right ankle report and specialist review by the radiologist and sports physician, dated 4 August 2012;
- An operation report by the orthopaedic foot and ankle surgeon, dated 19 February 2013.

Your service

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

12 March 2001 and 20 June 2016

Right Ankle - Flexor Hallucis Longus Tendinopathy (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: Flexor Hallucis Longus Tendinopathy (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 September 2025, and is supported by a deployed health record and X-ray report by the medical officer, Role 2 facility, Afghanistan, dated 16 June 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 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 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 behind the right medial malleolus and in the arch, worse with pushing off and with resisted great toe flexion, together with lateral ankle pain and swelling on 14 June 2009.

The strain was diagnosed by a medical officer on 16 June 2009 on the basis of immediate pain and tenderness along the course of flexor hallucis longus after a forceful dorsiflexion injury, with pain on resisted great toe flexion. This meets the Statement of Principles definition of strain: tearing or stretching of a tendon with pain and tenderness at that site within the 24 hours following the injury. The associated lateral ligament injury meets the definition of sprain. MRI on 10 November 2009 confirmed tearing of the tendon, showing a partial longitudinal split tear with tenosynovitis.

After the condition arose, it was worsened during your service. The slip on a loose slope with the right forefoot jammed in a crevice on 18 March 2012 occurred on a foot patrol on warlike service in Afghanistan. The forced dorsiflexion of the great toe and ankle while climbing under a 50 kg load on warlike service in Afghanistan on 18 March 2012 forcefully stretched the flexor hallucis longus tendon, causing sudden severe pain and extension of the split tear confirmed on MRI on 4 August 2012. On warlike service in Afghanistan in 2009 and 2012 you had no access

to MRI, physiotherapy or specialist review, and operational demands required you to keep patrolling on the injured ankle within days of each injury.

This has then led to further investigations and the diagnosis of your condition of *Flexor Hallucis Longus Tendinopathy (Worsening)*. I have accepted your condition of *Flexor Hallucis Longus Tendinopathy (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 18 March 2012.

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