# 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 - Sprain

### 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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A pre-deployment health assessment by the medical officer, RAAF base health centre, dated 3 August 2010;
- A patrol casualty record by the patrol medic, Afghanistan, dated 22 April 2011;
- A clinical record and X-ray report by the medical officer, Role 2 facility, Afghanistan, dated 24 April 2011;
- An MRI right ankle report by the radiologist, dated 30 September 2011;
- An oct 2011 to Jan 2012 by the physiotherapy treatment notes, Physiotherapist;
- An outpatient health record by the medical officer, RAAF base health centre, dated 17 June 2014;
- An MRI right ankle report by the radiologist, dated 1 July 2014;
- A deployed clinical record by the medical officer, Middle East Area of Operations, dated 8 May 2016;
- An MRI right ankle report by the radiologist, dated 11 October 2016;
- An orthopaedic consultation and stress X-ray report by the orthopaedic surgeon, dated 20 October 2016;
- An operation report by the orthopaedic surgeon, dated 14 February 2017;
- A medical board and separation health examination by the senior medical officer, dated 18 November 2020.

## Your service

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

9 July 2007 and 18 November 2020

## Right Ankle - Sprain

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:** Sprain

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a clinical record and X-ray report by the medical officer, Role 2 facility, Afghanistan, dated 24 April 2011.

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 severe pain over the outside of the right ankle and up the outer side of the lower leg, rapid swelling and bruising, and you could not bear weight on 22 April 2011.

The diagnosis was made clinically on 24 April 2011 at the role 2 medical facility, where the medical officer found swelling and bruising over the lateral ankle, tenderness over the anterior talofibular and calcaneofibular ligaments, a positive anterior drawer test and pain on resisted eversion with tenderness of the peroneal muscle bellies, and an X-ray excluded fracture. This

meets the Statement of Principles definition of a sprain, an injury to a ligament, and of a strain, an injury to a muscle or tendon.

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

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 22 April 2011.

# Right Ankle - Sprain (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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A pre-deployment health assessment by the medical officer, RAAF base health centre, dated 3 August 2010;
- A patrol casualty record by the patrol medic, Afghanistan, dated 22 April 2011;
- A clinical record and X-ray report by the medical officer, Role 2 facility, Afghanistan, dated 24 April 2011;
- An MRI right ankle report by the radiologist, dated 30 September 2011;
- An oct 2011 to Jan 2012 by the physiotherapy treatment notes, Physiotherapist;
- An outpatient health record by the medical officer, RAAF base health centre, dated 17 June 2014;
- An MRI right ankle report by the radiologist, dated 1 July 2014;
- A deployed clinical record by the medical officer, Middle East Area of Operations, dated 8 May 2016;
- An MRI right ankle report by the radiologist, dated 11 October 2016;
- An orthopaedic consultation and stress X-ray report by the orthopaedic surgeon, dated 20 October 2016;
- An operation report by the orthopaedic surgeon, dated 14 February 2017;
- A medical board and separation health examination by the senior medical officer, dated 18 November 2020.

## Your service

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

9 July 2007 and 18 November 2020

## Right Ankle - Sprain (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:** Sprain (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a clinical record and X-ray report by the medical officer, Role 2 facility, Afghanistan, dated 24 April 2011.

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 severe pain over the outside of the right ankle and up the outer side of the lower leg, rapid swelling and bruising, and you could not bear weight on 22 April 2011.

The diagnosis was made clinically on 24 April 2011 at the role 2 medical facility, where the medical officer found swelling and bruising over the lateral ankle, tenderness over the anterior talofibular and calcaneofibular ligaments, a positive anterior drawer test and pain on resisted eversion with tenderness of the peroneal muscle bellies, and an X-ray excluded fracture. This meets the Statement of Principles definition of a sprain, an injury to a ligament, and of a strain, an injury to a muscle or tendon.

After the condition arose, it was worsened during your service. On 8 May 2016, during warlike service in the Middle East Area of Operations, you dismounted from a protected vehicle in full equipment onto loose gravel, a drop of about 1.2 metres, and the right ankle gave way into inversion under your body weight and load. In the vehicle dismount injury of 8 May 2016 on warlike service, the peroneal muscles were again forcefully stretched while contracting to resist

the inversion. On warlike service in Afghanistan in April 2011 no physiotherapist was available at the role 2 facility, and operational demands returned you to loaded patrolling in a brace nine days after a grade 2 sprain, with no imaging beyond a plain X-ray until your return to Australia five months later.

This has then led to further investigations and the diagnosis of your condition of *Sprain (Worsening)*. I have accepted your condition of *Sprain (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 8 May 2016.

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