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 Foot - Plantar Fasciitis

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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 April 2025;
- An emergency treatment record and orthopaedic consultation by the orthopaedic surgeon, dated 16 May 2011;
- An operation report by the orthopaedic surgeon, dated 30 June 2011;
- A specialist consultation and pathology by the rheumatologist, dated 7 April 2014;
- An annual fitness assessment by the medical officer, Garrison health centre, dated 28 July 2014;
- A field treatment record by the medic, dated 5 September 2014;
- An outpatient health record and X-ray report by the medical officer and radiologist, dated 12 September 2014;
- An ultrasound plantar fascia report by the radiologist, dated 18 September 2014;
- An MRI right foot report and sports medicine consultation by the radiologist and sports physician, dated 22 September 2014;
- An outpatient health record by the medical officer, Role 1 facility, Middle East, dated 14 July 2016;
- An ultrasound plantar fascia report and sports medicine consultation by the radiologist and sports physician, dated 20 October 2016.

Your service

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

14 January 2008 and 6 October 2021

Right Foot - Plantar Fasciitis

You have stated that your condition was caused by:

- *having trauma to the plantar aspect of the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *having an infection involving the plantar fascia at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *running or jogging an average of at least 30 kilometres per week for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *undertaking exercise that involves repetitive weight bearing on the affected foot for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected foot: (a) by at least 200 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; and within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *undergoing prolonged weight bearing on the affected foot while on a hard surface for at least five hours per day, on more days than not, for the 12 months before the clinical onset or clinical worsening of plantar fasciitis*
- *being overweight or obese at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having a systemic arthritic disease at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having an acquired biomechanical abnormality involving the affected foot before the clinical onset or clinical worsening of plantar fasciitis*
- *wearing footwear with inadequate cushioning during weight bearing exercise which involves the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*

Diagnosis: Plantar Fasciitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 April 2025, and is supported by an MRI right foot report and sports medicine consultation by the radiologist and sports physician, dated 22 September 2014.

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

Statement of Principles concerning Plantar Fasciitis (Balance of Probabilities) (No. 83 of 2023)

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

I am satisfied that you have met the following factor:

- *having trauma to the plantar aspect of the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *having an infection involving the plantar fascia at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *running or jogging an average of at least 30 kilometres per week for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *undertaking exercise that involves repetitive weight bearing on the affected foot for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected foot: (a) by at least 200 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; and within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *undergoing prolonged weight bearing on the affected foot while on a hard surface for at least five hours per day, on more days than not, for the 12 months before the clinical onset or clinical worsening of plantar fasciitis*
- *being overweight or obese at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having a systemic arthritic disease at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having an acquired biomechanical abnormality involving the affected foot before the clinical onset or clinical worsening of plantar fasciitis*
- *wearing footwear with inadequate cushioning during weight bearing exercise which involves the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*

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 under the inner right heel, worst with your first steps in the morning and on standing after rest, with redness and swelling around the healing puncture wound and a low-grade fever on 12 September 2014.

The diagnosis was made clinically on 12 September 2014 on the history of inferior heel pain worst with the first steps in the morning, with tenderness at the medial calcaneal tubercle and along the proximal plantar fascia and a positive windlass test. It was confirmed by ultrasound on 18 September 2014, which showed the right plantar fascia thickened to 5.6 mm and hypoechoic against 3.2 mm on the left, and by MRI on 22 September 2014, which showed oedema and thickening of the proximal fascia with infection extending along the medial band. A sports physician confirmed the diagnosis on 22 September 2014.

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

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 9 September 2014.

Right Foot - Plantar Fasciitis (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 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 April 2025;
- An emergency treatment record and orthopaedic consultation by the orthopaedic surgeon, dated 16 May 2011;
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- A specialist consultation and pathology by the rheumatologist, dated 7 April 2014;
- An annual fitness assessment by the medical officer, Garrison health centre, dated 28 July 2014;
- A field treatment record by the medic, dated 5 September 2014;
- An outpatient health record and X-ray report by the medical officer and radiologist, dated 12 September 2014;
- An ultrasound plantar fascia report by the radiologist, dated 18 September 2014;
- An MRI right foot report and sports medicine consultation by the radiologist and sports physician, dated 22 September 2014;
- An outpatient health record by the medical officer, Role 1 facility, Middle East, dated 14 July 2016;
- An ultrasound plantar fascia report and sports medicine consultation by the radiologist and sports physician, dated 20 October 2016.

Your service

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

14 January 2008 and 6 October 2021

Right Foot - Plantar Fasciitis (Worsening)

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

- *having trauma to the plantar aspect of the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*

- *having an infection involving the plantar fascia at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *running or jogging an average of at least 30 kilometres per week for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *undertaking exercise that involves repetitive weight bearing on the affected foot for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected foot: (a) by at least 200 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; and within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *undergoing prolonged weight bearing on the affected foot while on a hard surface for at least five hours per day, on more days than not, for the 12 months before the clinical onset or clinical worsening of plantar fasciitis*
- *being overweight or obese at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having a systemic arthritic disease at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having an acquired biomechanical abnormality involving the affected foot before the clinical onset or clinical worsening of plantar fasciitis*
- *wearing footwear with inadequate cushioning during weight bearing exercise which involves the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *inability to obtain appropriate clinical management for plantar fasciitis before the clinical worsening of plantar fasciitis*

Diagnosis: Plantar Fasciitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 April 2025, and is supported by an MRI right foot report and sports medicine consultation by the radiologist and sports physician, dated 22 September 2014.

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

Statement of Principles concerning Plantar Fasciitis (Balance of Probabilities) (No. 83 of 2023)

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

I am satisfied that you have met the following factor:

- *having trauma to the plantar aspect of the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*

- *having an infection involving the plantar fascia at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *running or jogging an average of at least 30 kilometres per week for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *undertaking exercise that involves repetitive weight bearing on the affected foot for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 2 months before the clinical onset or clinical worsening of plantar fasciitis*
- *increasing the frequency, duration or intensity of weight bearing activity involving the affected foot: (a) by at least 200 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; and within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *undergoing prolonged weight bearing on the affected foot while on a hard surface for at least five hours per day, on more days than not, for the 12 months before the clinical onset or clinical worsening of plantar fasciitis*
- *being overweight or obese at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having a systemic arthritic disease at the time of the clinical onset or clinical worsening of plantar fasciitis*
- *having an acquired biomechanical abnormality involving the affected foot before the clinical onset or clinical worsening of plantar fasciitis*
- *wearing footwear with inadequate cushioning during weight bearing exercise which involves the affected foot within the seven days before the clinical onset or clinical worsening of plantar fasciitis*
- *inability to obtain appropriate clinical management for plantar fasciitis before the clinical worsening of plantar fasciitis*

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 under the inner right heel, worst with your first steps in the morning and on standing after rest, with redness and swelling around the healing puncture wound and a low-grade fever on 12 September 2014.

The diagnosis was made clinically on 12 September 2014 on the history of inferior heel pain worst with the first steps in the morning, with tenderness at the medial calcaneal tubercle and along the proximal plantar fascia and a positive windlass test. It was confirmed by ultrasound on 18 September 2014, which showed the right plantar fascia thickened to 5.6 mm and hypoechoic against 3.2 mm on the left, and by MRI on 22 September 2014, which showed oedema and thickening of the proximal fascia with infection extending along the medial band. A sports physician confirmed the diagnosis on 22 September 2014.

After the condition arose, it was worsened during your service. On 5 September 2014, during a peacetime field exercise, a protruding steel picket penetrated the worn sole of your right boot

into the plantar aspect of the medial heel, directly over the origin of the plantar fascia. The puncture wound of 5 September 2014 became infected. From May 2014 you ran about 35 kilometres a week, recorded at your fitness assessment on 28 July 2014, training in duty time to qualify for an Army cross-country team and to meet the military police fitness standard. In addition to running, you completed two pack marches a week of 10 to 15 kilometres carrying 20 to 25 kilograms, at an intensity of about 7 METs, and three circuit and agility sessions a week, totalling about 6 to 8 hours a week of repetitive weight-bearing exercise of at least 5 METs. In the weeks before the field exercise your weight-bearing training averaged about 2 hours a day. From June 2013 you were rostered to twelve-hour shifts on the main gate and vehicle checkpoint of your base, standing and walking on concrete for at least eight hours of each shift, four days on and three days off, with additional overtime shifts, so that you stood on a hard surface for more than five hours a day on more days than not. You weighed 76 kg at a height of 1.68 m on 7 April 2014, a BMI of 26.9, and your weight was unchanged at the presentation of 12 September 2014. A rheumatologist diagnosed reactive arthritis on 7 April 2014 after Salmonella gastroenteritis contracted during a field exercise, with HLA-B27 positivity, a C-reactive protein of 48 mg/L, oligoarthritis and enthesitis. The complete lateral ligament rupture of the right ankle sustained during a training run on 16 May 2011, and its reconstruction on 30 June 2011, left right ankle dorsiflexion limited to 5 degrees against 20 degrees on the left, with compensatory overpronation of the right foot recorded on gait assessment. During the field exercise from 03 September to 8 September 2014 you patrolled in issued combat boots whose midsoles were recorded by the medic on 5 September 2014 as compressed and worn through, which is how the picket penetrated the sole. Your custom orthoses cracked in February 2016 while you were deployed in the Middle East, and replacement orthoses, new boots, podiatry and physiotherapy were not available in theatre for the following five months, while you continued twelve-hour standing shifts.

This has then led to further investigations and the diagnosis of your condition of *Plantar Fasciitis (Worsening)*. I have accepted your condition of *Plantar Fasciitis (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 12 September 2014.

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