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 Heel - Retrocalcaneal Bursitis

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 7 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 April 2025;
- A pre-deployment medical and podiatry screening by the medical officer and podiatrist, dated 8 November 2011;
- An outpatient health record and stool culture by the medical officer, Role 1 health facility, Afghanistan, dated 29 May 2012;
- An outpatient health record and ultrasound right heel by Role 2 facility, Afghanistan, dated 21 June 2012;
- An aeromedical evacuation and intensive care discharge summary by the intensive care physician, dated 14 August 2012;
- A renal medicine letter by the renal physician, dated 10 December 2012;
- A rheumatology consultation and MRI sacroiliac joints by the rheumatologist, dated 17 July 2014;
- A rheumatology review by the rheumatologist, dated 3 December 2015;
- An outpatient health record (ultrasound and microbiology) by Role 2 facility, Iraq, dated 26 August 2016;
- An orthopaedic consultation and MRI right ankle by the orthopaedic foot and ankle surgeon, dated 21 March 2017;
- An operation report and histopathology by the orthopaedic foot and ankle surgeon, dated 22 May 2017.

Your service

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

20 January 2005 and 14 July 2021

Right Heel - Retrocalcaneal Bursitis

You have stated that your condition was caused by:

- *Running or jogging an average of at least 30 kilometres per week for the 4 weeks before clinical onset or clinical worsening*
- *undertaking weight bearing exercise involving repeated activity of the ankle joint on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and (c) for at least the 4 weeks before clinical onset or clinical worsening*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: ankylosing spondylitis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: Behcet syndrome*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: enteropathic spondyloarthropathy (arthritis associated with inflammatory bowel disease)*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: gout*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: pseudogout (calcium pyrophosphate dihydrate) or crystal-induced arthropathy from the deposition of calcium hydroxyapatite or calcium oxalate*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: psoriatic arthropathy*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: reactive arthritis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: rheumatoid arthritis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: undifferentiated spondyloarthropathy*
- *having chronic renal failure within the 10 years before clinical onset or clinical worsening as indicated by: a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months*
- *having chronic renal failure within the 10 years before clinical onset or clinical worsening as indicated by: undergoing chronic dialysis for renal failure*
- *having a bacterial infection of the affected retrocalcaneal bursa at the time of clinical onset or clinical worsening*

- *wearing footwear that causes excessive pressure on the posterior aspect of the heel of the affected foot, at the time of clinical onset or clinical worsening*

Diagnosis: Retrocalcaneal Bursitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 April 2025, and is supported by an outpatient health record and ultrasound right heel by Role 2 facility, Afghanistan, dated 21 June 2012.

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

Statement of Principles concerning Retrocalcaneal Heel Bursitis (Reasonable Hypothesis) (No. 88 of 2024)

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 clinical onset or clinical worsening*
- *undertaking weight bearing exercise involving repeated activity of the ankle joint on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and (c) for at least the 4 weeks before clinical onset or clinical worsening*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: ankylosing spondylitis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: Behcet syndrome*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: enteropathic spondyloarthropathy (arthritis associated with inflammatory bowel disease)*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: gout*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: pseudogout (calcium pyrophosphate dihydrate) or crystal-induced arthropathy from the deposition of calcium hydroxyapatite or calcium oxalate*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: psoriatic arthropathy*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: reactive arthritis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: rheumatoid arthritis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: undifferentiated spondyloarthropathy*

- *having chronic renal failure within the 10 years before clinical onset or clinical worsening as indicated by: a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months*
- *having chronic renal failure within the 10 years before clinical onset or clinical worsening as indicated by: undergoing chronic dialysis for renal failure*
- *having a bacterial infection of the affected retrocalcaneal bursa at the time of clinical onset or clinical worsening*
- *wearing footwear that causes excessive pressure on the posterior aspect of the heel of the affected foot, at the time of clinical onset or clinical worsening*

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 pain and swelling at the back of the right heel, worst at the start of runs and when your boot heel counter pressed on it, with stiffness on rising in the morning on 21 June 2012.

The diagnosis was made on 21 June 2012 on the clinical findings of a tender, boggy swelling anterior to the distal Achilles tendon with a positive two-finger squeeze test, and was confirmed the same day by ultrasound showing a distended retrocalcaneal bursa with Doppler hyperaemia and an intact Achilles tendon. The swelling was deep to the tendon rather than superficial to it, so this is retrocalcaneal bursitis and not posterior adventitial (superficial calcaneal) bursitis, which the Statement of Principles excludes.

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

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 18 June 2012.

Right Heel - Retrocalcaneal Bursitis (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 7 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 7 April 2025;
- A pre-deployment medical and podiatry screening by the medical officer and podiatrist, dated 8 November 2011;
- An outpatient health record and stool culture by the medical officer, Role 1 health facility, Afghanistan, dated 29 May 2012;
- An outpatient health record and ultrasound right heel by Role 2 facility, Afghanistan, dated 21 June 2012;
- An aeromedical evacuation and intensive care discharge summary by the intensive care physician, dated 14 August 2012;
- A renal medicine letter by the renal physician, dated 10 December 2012;
- A rheumatology consultation and MRI sacroiliac joints by the rheumatologist, dated 17 July 2014;
- A rheumatology review by the rheumatologist, dated 3 December 2015;
- An outpatient health record (ultrasound and microbiology) by Role 2 facility, Iraq, dated 26 August 2016;
- An orthopaedic consultation and MRI right ankle by the orthopaedic foot and ankle surgeon, dated 21 March 2017;
- An operation report and histopathology by the orthopaedic foot and ankle surgeon, dated 22 May 2017.

Your service

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

20 January 2005 and 14 July 2021

Right Heel - Retrocalcaneal Bursitis (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 clinical onset or clinical worsening*
- *undertaking weight bearing exercise involving repeated activity of the ankle joint on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and (c) for at least the 4 weeks before clinical onset or clinical worsening*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: ankylosing spondylitis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: Behcet syndrome*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: enteropathic spondyloarthropathy (arthritis associated with inflammatory bowel disease)*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: gout*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: pseudogout (calcium pyrophosphate dihydrate) or crystal-induced arthropathy from the deposition of calcium hydroxyapatite or calcium oxalate*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: psoriatic arthropathy*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: reactive arthritis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: rheumatoid arthritis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: undifferentiated spondyloarthropathy*
- *having chronic renal failure within the 10 years before clinical onset or clinical worsening as indicated by: a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months*
- *having chronic renal failure within the 10 years before clinical onset or clinical worsening as indicated by: undergoing chronic dialysis for renal failure*
- *having a bacterial infection of the affected retrocalcaneal bursa at the time of clinical onset or clinical worsening*
- *wearing footwear that causes excessive pressure on the posterior aspect of the heel of the affected foot, at the time of clinical onset or clinical worsening*
- *inability to obtain appropriate clinical management for retrocalcaneal heel bursitis before clinical worsening*

Diagnosis: Retrocalcaneal Bursitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 7 April 2025, and is supported by an outpatient health record and ultrasound right

heel by Role 2 facility, Afghanistan, dated 21 June 2012.

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

Statement of Principles concerning Retrocalcaneal Heel Bursitis (Reasonable Hypothesis) (No. 88 of 2024)

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 clinical onset or clinical worsening*
- *undertaking weight bearing exercise involving repeated activity of the ankle joint on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and (c) for at least the 4 weeks before clinical onset or clinical worsening*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: ankylosing spondylitis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: Behcet syndrome*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: enteropathic spondyloarthropathy (arthritis associated with inflammatory bowel disease)*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: gout*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: pseudogout (calcium pyrophosphate dihydrate) or crystal-induced arthropathy from the deposition of calcium hydroxyapatite or calcium oxalate*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: psoriatic arthropathy*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: reactive arthritis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: rheumatoid arthritis*
- *having one of the following systemic arthritic diseases at the time of clinical onset or clinical worsening: undifferentiated spondyloarthropathy*
- *having chronic renal failure within the 10 years before clinical onset or clinical worsening as indicated by: a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months*
- *having chronic renal failure within the 10 years before clinical onset or clinical worsening as indicated by: undergoing chronic dialysis for renal failure*

- *having a bacterial infection of the affected retrocalcaneal bursa at the time of clinical onset or clinical worsening*
- *wearing footwear that causes excessive pressure on the posterior aspect of the heel of the affected foot, at the time of clinical onset or clinical worsening*
- *inability to obtain appropriate clinical management for retrocalcaneal heel bursitis before clinical worsening*

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 pain and swelling at the back of the right heel, worst at the start of runs and when your boot heel counter pressed on it, with stiffness on rising in the morning on 21 June 2012.

The diagnosis was made on 21 June 2012 on the clinical findings of a tender, boggy swelling anterior to the distal Achilles tendon with a positive two-finger squeeze test, and was confirmed the same day by ultrasound showing a distended retrocalcaneal bursa with Doppler hyperaemia and an intact Achilles tendon. The swelling was deep to the tendon rather than superficial to it, so this is retrocalcaneal bursitis and not posterior adventitial (superficial calcaneal) bursitis, which the Statement of Principles excludes.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan you ran 60 to 65 kilometres a week on the patrol base perimeter track throughout the 4 weeks before onset, from 21 May 2012 to 18 June 2012. On warlike service in Afghanistan, in the 4 weeks before onset, you conducted foot patrols of 8 to 10 hours a week carrying about 40 kilograms over rocky ground, in addition to running, all above 5 METS. Ankylosing spondylitis, diagnosed on 3 December 2015, developed from the HLA-B27 reactive arthritis triggered by dysentery on warlike service in Afghanistan in 2012. Behcet syndrome, diagnosed on 3 December 2015, was active during warlike service in Iraq, with oral ulceration recorded in July 2016, and was present at the worsening on 26 August 2016. Enteropathic spondyloarthropathy with Crohn's disease, diagnosed on 17 July 2014, was present at the worsening during warlike service in Iraq on 26 August 2016. Gout followed the renal injury from exertional heat stroke on warlike service in Afghanistan on 14 August 2012 and was diagnosed on 17 July 2014. Calcium pyrophosphate deposition disease, documented on 3 December 2015 after dialysis for renal failure that began on warlike service in 2012, was present at the worsening in Iraq on 26 August 2016. Psoriatic arthropathy, diagnosed on 3 December 2015, was present at the worsening during warlike service in Iraq on 26 August 2016. Reactive arthritis followed Campylobacter dysentery contracted from a contaminated water supply on warlike service in Afghanistan at the end of May 2012, and was present at onset on 18 June 2012. Overlap rheumatoid arthritis with positive anti-CCP antibodies, documented on 3 December 2015, was present at the worsening during warlike service in Iraq on 26 August 2016. HLA-B27 undifferentiated spondyloarthropathy, which evolved from reactive arthritis contracted on warlike service in Afghanistan, was diagnosed on 17 July 2014 and present at the worsening in Iraq on 26 August 2016. After exertional heat stroke and rhabdomyolysis on patrol during warlike service in Afghanistan on 14

August 2012, your eGFR remained below 15 mL/min/1.73 m2 from 16 August 2012 to 10 December 2012, almost four months. You underwent haemodialysis three times a week from 16 August 2012 to 10 December 2012 for renal failure caused by heat stroke on warlike service in Afghanistan. On warlike service in Iraq a boot blister over the right heel became infected and aspiration of the retrocalcaneal bursa on 26 August 2016 grew Staphylococcus aureus. You wore issue combat boots with a stiff, high heel counter daily on warlike service in Afghanistan from March 2012. On warlike service in Afghanistan in 2012 no podiatry or footwear modification was available after diagnosis, and on warlike service in Iraq in August 2016 ultrasound-guided drainage and podiatry were not available for 19 days after the infected bursa was identified.

This has then led to further investigations and the diagnosis of your condition of *Retrocalcaneal Bursitis (Worsening)*. I have accepted your condition of *Retrocalcaneal Bursitis (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 26 August 2016.

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.