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Claimant Report - Running or Weight Bearing on the Foot

Plantar Fasciitis

This form is in connection with your claim for pension and medical treatment and the information you supply will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

Veteran's Details

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | **Given Names** | |  | | **DVA File Number** | |
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Report Detail

**\*\**Claims assessor: please edit and/or delete any parts of this questionnaire that are not required including alternate figures for the standard/s of proof that apply to the claim. If both standards of proof are applicable you should delete the figures specified in the reasonable hypothesis SOP\*\****

1. When were the symptoms of plantar fasciitis first noticed? (Please be as specific as possible)

* Left foot ……/……/……
* Right foot ……/……/……

2. Is there a history of running on average at least **\*\*10/20\*\*** kilometres per week for the **\*\*3/6\*\*** months before the first symptoms of plantar fasciitis were noticed?

* No – *Please go to Q3*
* Yes – Please provide details in the table below of **all** running (service and non-service) during **\*\*3/6\*\*** months before the first symptoms of plantar fasciitis were noticed.

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| --- | --- | --- |
| **Month (include dates)** | **Average number of kilometres per week** | **Place and reason for running** |
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3. Is there a history of undertaking weight bearing exercise of the affected foot for a **continuous period of at least one hour at least once per week** over the **\*\*3/6\*\*** months before the first symptoms of plantar fasciitis were noticed, where this weight bearing exercise wasat a **rate of at least 5 METs** and involved **repeated lifting** of the affected foot? **\*Note:** A MET is a unit of measurement of the level of physical exertion (energy expended). Examples of exercise requiring 5 METs include: tennis (social singles or competitive doubles), ballroom dancing, or walking (brisk, or up stairs).

* No – *Please go to Q4*
* Yes – Please provide details in the table below of **all** (service and non-service) relevant weight bearing exercise during **\*\*3/6\*\*** months before the first symptoms of plantar fasciitis were noticed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table of weight bearing exercise of at least 5 METs where the exercise was undertaken for **a continuous period of at least one hour at least once per week** for the **\*\*3/6\*\*** months **before** the first symptoms of plantar fasciitis | | | | |
| **Dates** | | **Type of exercise** | **How often was this activity undertaken for a period of at least one hour?** | **Place and reason for exercise** |
| / / | / / |  |  |  |
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4. Is there a history of increasing the frequency, duration or intensity of weight bearing activity involving the affected foot by **at least \*\*100/200\*\* percent** to a minimum intensity of **5 METs** for **at least 2 hours per day** within the **7 days** before the first symptoms of plantar fasciitis were noticed? **Note:** Such an increase would be evident in the case of an office worker with a sedentary lifestyle suddenly undertaking activities such as digging in the garden and pushing a full wheel barrow for an extended period.

* No – *Please go to Q5*
* Yes – Please provide full details in the table below of the circumstances leading to the **\*\*100/200\*\* percent increase** within the **7 days** before the first symptoms of plantar fasciitis, including information about the level of weight bearing activity that was being undertaken before the increase.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Weight-bearing activity** | **Number of hours per day** | **Reason for activity and how it represents a \*\*100/200\*\* percent increase above previous level of weight bearing activity** |
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5. Is there a history of undertaking prolonged weight bearing on the affected foot while on a hard surface for at least **5 hours per day**, on more days than not, for **at least the \*\*6/12\*\* months** before the first symptoms of plantar fasciitis?

* No
* Yes – Please provide full details in the table below - include **all service and non-service** prolonged weight bearing on the affected foot that meets these requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table of weight bearing on the affected foot while on a hard surface **for at least 5 hours per day**, on more days than not, for the **\*\*6/12\*\* months before** the first symptoms of plantar fasciitis | | | | |
| **Dates** | | **Hours per day** | **Description of hard surface** | **Activity/reason for prolonged weight bearing on the affected foot** |
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{If worsening}

6. Did plantar fasciitis clinically worsen?

 **No** - *Please sign the form and return it to the Department*

 **Yes** – Please provide details, including the date of clinical worsening.

* Left foot ……/……/……
* Right foot ……/……/……

7. Is there a history of running on average at least **\*\*10/20\*\*** kilometres per week for the **\*\*3/6\*\*** months before the clinical worsening of plantar fasciitis was noticed?

* No – *Please go to Q8*
* Yes – Please provide details in the table below of **all** running (service and non-service) during **\*\*3/6\*\*** months before the clinical worsening of plantar fasciitis.

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| --- | --- | --- |
| **Month (include dates)** | **Average number of kilometres per week** | **Place and reason for running** |
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8. Is there a history of undertaking weight bearing exercise of the affected foot for a **continuous period of at least one hour at least once per week** over the **\*\*3/6\*\*** months before the clinical worsening of plantar fasciitis was noticed, where this weight bearing exercise wasat a **rate of at least 5 METs** and involved **repeated lifting** of the affected foot? **\*Note:** A MET is a unit of measurement of the level of physical exertion (energy expended). Examples of exercise requiring 5 METs include: tennis (social singles or competitive doubles), ballroom dancing, or walking (brisk, or up stairs).

* No – *Please go to Q9*
* Yes – Please provide details in the table below of **all** (service and non-service) relevant weight bearing exercise during **\*\*3/6\*\*** months before the clinical worsening of plantar fasciitis was noticed.

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| --- | --- | --- | --- | --- |
| Table of weight bearing exercise of at least 5 METs where the exercise was undertaken for **a continuous period of at least one hour at least once per week** for the **\*\*3/6\*\*** months **before** the clinical worsening of plantar fasciitis | | | | |
| **Dates** | | **Type of exercise** | **How often was this activity undertaken for a period of at least one hour?** | **Place and reason for exercise** |
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9. Is there a history of increasing the frequency, duration or intensity of weight bearing activity involving the affected foot by **at least \*\*100/200\*\* percent** to a minimum intensity of **5 METs** for **at least 2 hours per day** within the **7 days** before the clinical worsening of plantar fasciitis was noticed? **Note:** Such an increase would be evident in the case of an office worker with a sedentary lifestyle suddenly undertaking activities such as digging in the garden and pushing a full wheel barrow for an extended period.

* No – *Please go to Q10*
* Yes – Please provide full details in the table below of the circumstances leading to the **\*\*100/200\*\* percent increase** within the **7 days** before the clinical worsening of plantar fasciitis, including information about the level of weight bearing activity that was being undertaken before the increase.

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| --- | --- | --- | --- |
| **Date** | **Weight-bearing activity** | **Number of hours per day** | **Reason for activity and how it represents a \*\*100/200\*\* percent increase above previous level of weight bearing activity** |
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10. Is there a history of undertaking prolonged weight bearing on the affected foot while on a hard surface for at least **5 hours per day**, on more days than not, for **at least the \*\*6/12\*\* months** before the clinical worsening of plantar fasciitis?

* No
* Yes – Please provide full details in the table below - include **all service and non-service** prolonged weight bearing on the affected foot that meets these requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table of weight bearing on the affected foot while on a hard surface **for at least 5 hours per day**, on more days than not, for the **\*\*6/12\*\* months before** the clinical worsening of plantar fasciitis | | | | |
| **Dates** | | **Hours per day** | **Description of hard surface** | **Activity/reason for prolonged weight bearing on the affected foot** |
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{EndIf worsening}

Claimant's Signature

***You are reminded that:***

1. The Declaration you signed on the claim form also covers the information you supply on this form.
2. There are penalties for knowingly making false or misleading statements.

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