



Australian Government

Department of Veterans' Affairs

## 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

Surname

Given Names

DVA File Number

### 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.

Month (include dates)	Average number of kilometres per week	Place and reason for running



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 <b><i>**100/200**</i> percent increase</b> above previous level of weight bearing activity













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***Claimant's Signature***

***You are reminded that:***

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

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