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Medical Report – Injury resulting in excess pronation of the foot

Shin Splints

The information you provide on this form 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

A claim for service related compensation in respect of the above named leads the Department to consider whether having an injury that has resulted in excess pronation of the foot could be a factor in the development of (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) in this case. Would you please answer the following questions:

1. Does the veteran have medial tibial stress syndrome?

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

2. Has the veteran ever suffered an injury that has resulted in excess pronation of the:

Left foot?  Yes No

Right foot?  Yes No

**Excess pronation of the foot has been defined by the Repatriation Medical Authority to mean a positional deformity of the foot such that there is excessive dorsiflexion, eversion and abduction (inward roll) of the foot when the foot is in a fixed position or in dynamic motion.**

3. If there has been such an injury, please provide details in the table overleaf:

**Details of injuries resulting in excess pronation of the foot:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Left leg** | | | |
| **Date of injury** | **Diagnosis** | **Circumstances which led to injury** | **Treatment received** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Right leg** | | | |
| **Date of injury** | **Diagnosis** | **Circumstances which led to injury** | **Treatment received** |
|  |  |  |  |
|  |  |  |  |

Details of Medical Practitioner providing advice:

|  |  |  |
| --- | --- | --- |
| **Stamp** |  |  |
|  |  |  |
|  |  | **Signature** |
|  |  |  |
|  |  |  |
|  |  | **/ /** |