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.

Left Hip - CAM Type Femoroacetabular Impingement (FAI)

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 6 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 August 2025;
- An enlistment medical examination by the medical officer, dated 21 November 2006;
- A 2007 to 2017 by the unit physical training and sports records;
- A periodic health examination by the medical officer, Garrison health centre, dated 18 February 2013;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 August 2013;
- X-ray pelvis and left hip by the radiologist, dated 2 October 2013;
- An MR arthrogram left hip by the radiologist, dated 20 November 2013;
- A specialist consultation by the orthopaedic hip surgeon, dated 20 November 2013;
- A specialist follow-up and image-guided injection report by the orthopaedic hip surgeon and radiologist, dated 16 June 2014;
- An outpatient health record by the medical officer, Garrison health centre, dated 5 October 2016;
- A post-deployment health assessment by the medical officer, dated 20 September 2017;
- An MRI left hip by the radiologist, dated 10 October 2017;
- An operation report by the orthopaedic hip surgeon, dated 14 March 2018.

Your service

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

9 February 2007 and 15 December 2021

Left Hip - CAM Type Femoroacetabular Impingement (FAI)

You have stated that your condition was caused by:

- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 8 METS; and (b) for at least 6 hours per week; and for cumulative period of at least 5 years before clinical onset*

Diagnosis: CAM Type Femoroacetabular Impingement (FAI)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 August 2025, and is supported by an MR arthrogram left hip by the radiologist, dated 20 November 2013.

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

Statement of Principles concerning Femoroacetabular Impingement Syndrome (Balance of Probabilities) (No. 4 of 2026)

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

I am satisfied that you have met the following factor:

- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 8 METS; and (b) for at least 6 hours per week; and for cumulative period of at least 5 years before clinical onset*

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 a deep, aching left groin pain, worse with deep squatting, prolonged sitting in vehicles, sprinting, kicking and grappling, with clicking in the hip on 14 August 2013.

The diagnosis meets both limbs of the Statement of Principles definition. You had relevant symptoms, motion-related deep groin pain with clicking, and corresponding clinical signs: a positive flexion, adduction and internal rotation impingement test reproducing your pain and internal rotation limited to 15 degrees, recorded on 14 August 2013.

This has then led to further investigations and the diagnosis of your condition of *CAM Type Femoroacetabular Impingement (FAI)*. I have accepted your condition of *CAM Type Femoroacetabular Impingement (FAI)*.

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 31 July 2013.

Left Hip - CAM Type Femoroacetabular Impingement (FAI) (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 6 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 August 2025;
- An enlistment medical examination by the medical officer, dated 21 November 2006;
- A 2007 to 2017 by the unit physical training and sports records;
- A periodic health examination by the medical officer, Garrison health centre, dated 18 February 2013;
- An outpatient health record by the medical officer, Garrison health centre, dated 14 August 2013;
- X-ray pelvis and left hip by the radiologist, dated 2 October 2013;
- An MR arthrogram left hip by the radiologist, dated 20 November 2013;
- A specialist consultation by the orthopaedic hip surgeon, dated 20 November 2013;
- A specialist follow-up and image-guided injection report by the orthopaedic hip surgeon and radiologist, dated 16 June 2014;
- An outpatient health record by the medical officer, Garrison health centre, dated 5 October 2016;
- A post-deployment health assessment by the medical officer, dated 20 September 2017;
- An MRI left hip by the radiologist, dated 10 October 2017;
- An operation report by the orthopaedic hip surgeon, dated 14 March 2018.

Your service

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

9 February 2007 and 15 December 2021

Left Hip - CAM Type Femoroacetabular Impingement (FAI) (Worsening)

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

- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 8 METS; and (b) for at least 6 hours per week; and for cumulative period of at least 1 year before clinical worsening*
- *inability to obtain appropriate clinical management for femoroacetabular impingement syndrome before clinical worsening*

Diagnosis: CAM Type Femoroacetabular Impingement (FAI) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 August 2025, and is supported by an MR arthrogram left hip by the radiologist, dated 20 November 2013.

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

Statement of Principles concerning Femoroacetabular Impingement Syndrome (Balance of Probabilities) (No. 4 of 2026)

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

I am satisfied that you have met the following factor:

- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 8 METS; and (b) for at least 6 hours per week; and for cumulative period of at least 1 year before clinical worsening*
- *inability to obtain appropriate clinical management for femoroacetabular impingement syndrome 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 a deep, aching left groin pain, worse with deep squatting, prolonged sitting in vehicles, sprinting, kicking and grappling, with clicking in the hip on 14 August 2013.

The diagnosis meets both limbs of the Statement of Principles definition. You had relevant symptoms, motion-related deep groin pain with clicking, and corresponding clinical signs: a positive flexion, adduction and internal rotation impingement test reproducing your pain and internal rotation limited to 15 degrees, recorded on 14 August 2013.

After the condition arose, it was worsened during your service. After onset you remained on full commando training of 8 to 10 hours a week from August 2013 to January 2017, a cumulative

period of more than three years, including combatives, running, obstacle courses and loaded marching at above 8 METS. Appropriate management of symptomatic cam-type impingement with a labral tear and early cartilage damage in a young, active patient who has not responded to physiotherapy is timely arthroscopic femoroplasty and labral repair, as the hip surgeon recommended on 20 November 2013.

This has then led to further investigations and the diagnosis of your condition of *CAM Type Femoroacetabular Impingement (FAI) (Worsening)*. I have accepted your condition of *CAM Type Femoroacetabular Impingement (FAI) (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 20 September 2017.

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