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 - Femoroacetabular Impingement Syndrome

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 27 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 February 2025;
- An enlistment medical examination by the medical officer, dated 3 November 2008;
- A 2009 to 2018 by the unit physical training, instructor and sports records;
- A post-deployment health assessment by the medical officer, dated 8 January 2016;
- An outpatient health record by the medical officer, Garrison health centre, dated 15 February 2016;
- X-ray pelvis and left hip by the radiologist, dated 7 March 2016;
- An MR arthrogram left hip by the radiologist, dated 30 March 2016;
- A specialist consultation by the orthopaedic hip surgeon, dated 13 April 2016;
- An image-guided injection report by the radiologist, dated 22 November 2016;
- A pre-deployment medical examination by the medical officer, dated 28 February 2018;
- An outpatient health record by the medical officer, Garrison health centre, dated 12 February 2019;
- An MRI left hip by the radiologist, dated 25 February 2019;
- An operation report by the orthopaedic hip surgeon, dated 17 July 2019.

Your service

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

19 January 2009 and 30 April 2023

Left Hip - Femoroacetabular Impingement Syndrome

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: Femoroacetabular Impingement Syndrome

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 27 February 2025, and is supported by a specialist consultation by the orthopaedic hip surgeon, dated 13 April 2016.

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 pinching pain at the front of the left hip and deep in the groin with deep squatting, kicking, pivoting, getting out of a car and sitting cross-legged on 15 February 2016.

The diagnosis meets both limbs of the Statement of Principles definition. You had relevant symptoms of motion-related anterior hip and groin pain, and corresponding clinical signs of positive impingement tests reproducing your pain and internal rotation limited to 20 degrees, recorded on 15 February 2016.

This has then led to further investigations and the diagnosis of your condition of *Femoroacetabular Impingement Syndrome*. I have accepted your condition of *Femoroacetabular Impingement Syndrome*.

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 25 January 2016.

Left Hip - Femoroacetabular Impingement Syndrome (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 27 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 February 2025;
- An enlistment medical examination by the medical officer, dated 3 November 2008;
- A 2009 to 2018 by the unit physical training, instructor and sports records;
- A post-deployment health assessment by the medical officer, dated 8 January 2016;
- An outpatient health record by the medical officer, Garrison health centre, dated 15 February 2016;
- X-ray pelvis and left hip by the radiologist, dated 7 March 2016;
- An MR arthrogram left hip by the radiologist, dated 30 March 2016;
- A specialist consultation by the orthopaedic hip surgeon, dated 13 April 2016;
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- A pre-deployment medical examination by the medical officer, dated 28 February 2018;
- An outpatient health record by the medical officer, Garrison health centre, dated 12 February 2019;
- An MRI left hip by the radiologist, dated 25 February 2019;
- An operation report by the orthopaedic hip surgeon, dated 17 July 2019.

Your service

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

19 January 2009 and 30 April 2023

Left Hip - Femoroacetabular Impingement Syndrome (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: Femoroacetabular Impingement Syndrome (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 27 February 2025, and is supported by a specialist consultation by the orthopaedic hip surgeon, dated 13 April 2016.

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 pinching pain at the front of the left hip and deep in the groin with deep squatting, kicking, pivoting, getting out of a car and sitting cross-legged on 15 February 2016.

The diagnosis meets both limbs of the Statement of Principles definition. You had relevant symptoms of motion-related anterior hip and groin pain, and corresponding clinical signs of positive impingement tests reproducing your pain and internal rotation limited to 20 degrees, recorded on 15 February 2016.

After the condition arose, it was worsened during your service. After onset you continued to instruct physical training on a modified basis of about 8 hours a week at above 8 METS from February 2016 to April 2018, a cumulative period of more than two years, and played football with analgesia. Appropriate management of symptomatic pincer-type impingement with a labral tear that has not responded to three months of physiotherapy is arthroscopic rim trimming and labral repair, as the hip surgeon recommended in mid-2016.

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

Femoroacetabular Impingement Syndrome (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 12 February 2019.

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