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 - Labral Tear/Para Labral Cysts

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 17 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 March 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 19 November 2012;
- A regimental aid post record by the medic, Afghanistan, dated 20 May 2013;
- A role 2 assessment and obstetric ultrasound report by the medical officer, Afghanistan, dated 6 June 2013;
- An aeromedical evacuation record by the aeromedical evacuation team, dated 11 June 2013;
- An obstetric discharge summary by the obstetrician, dated 12 July 2013;
- An outpatient health record by the medical officer, Garrison health centre, dated 21 August 2013;
- An MR arthrogram left hip report by the radiologist, dated 23 October 2013;
- An orthopaedic consultation by the orthopaedic surgeon, dated 18 November 2013;
- An MR arthrogram left hip report by the radiologist, dated 15 April 2014;
- An operation report by the orthopaedic surgeon, dated 26 February 2015;
- X-ray pelvis and left hip report by the radiologist, dated 14 July 2016;
- An orthopaedic review by the orthopaedic surgeon, dated 8 September 2016.

Your service

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

3 February 2008 and 30 November 2016

Left Hip - Labral Tear/Para Labral Cysts

You have stated that your condition was caused by:

- *having a significant physical force applied to or through the affected shoulder joint or the affected hip joint at the time of clinical onset*
- *performing forceful and repetitive motions of the affected shoulder joint or the affected hip joint, involving extremes of the normal range of motion, for at least 4 hours per week for the 1 month immediately preceding clinical onset*
- *being in the third trimester of pregnancy within the 1 week before clinical onset of labral tear of the hip joint*

Diagnosis: Labral Tear/Para Labral Cysts

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 March 2025, and is supported by an MR arthrogram left hip report by the radiologist, dated 23 October 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 Labral Tear of the Hip and Shoulder (Reasonable Hypothesis) (No. 33 of 2026)

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

I am satisfied that you have met the following factor:

- *having a significant physical force applied to or through the affected shoulder joint or the affected hip joint at the time of clinical onset*
- *performing forceful and repetitive motions of the affected shoulder joint or the affected hip joint, involving extremes of the normal range of motion, for at least 4 hours per week for the 1 month immediately preceding clinical onset*
- *being in the third trimester of pregnancy within the 1 week before clinical onset of labral tear of the hip joint*

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 sudden deep left groin pain with a clunk, followed by continuous groin pain radiating to the anterolateral thigh, painful clicking and catching on pivoting, pain on rising from a chair and sitting, and a limp on 6 June 2013.

The diagnosis was confirmed by MR arthrography on 23 October 2013, which showed a tear of the anterosuperior acetabular labrum with a 9 x 6 mm para-labral cyst. The same study showed

normal femoral and acetabular morphology, with an alpha angle of 46 degrees and a lateral centre-edge angle of 30 degrees, and intact articular cartilage with no osteoarthritis. The exclusions in the Statement of Principles for degenerative tears associated with osteoarthritis and for tears associated with femoroacetabular impingement syndrome therefore do not apply.

This has then led to further investigations and the diagnosis of your condition of *Labral Tear/Para Labral Cysts*. I have accepted your condition of *Labral Tear/Para Labral Cysts*.

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 wartime service.

I have therefore accepted that this condition is related to your service with effect from 6 June 2013.

Left Hip - Labral Tear/Para Labral Cysts (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 17 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 March 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 19 November 2012;
- A regimental aid post record by the medic, Afghanistan, dated 20 May 2013;
- A role 2 assessment and obstetric ultrasound report by the medical officer, Afghanistan, dated 6 June 2013;
- An aeromedical evacuation record by the aeromedical evacuation team, dated 11 June 2013;
- An obstetric discharge summary by the obstetrician, dated 12 July 2013;
- An outpatient health record by the medical officer, Garrison health centre, dated 21 August 2013;
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- An MR arthrogram left hip report by the radiologist, dated 15 April 2014;
- An operation report by the orthopaedic surgeon, dated 26 February 2015;
- X-ray pelvis and left hip report by the radiologist, dated 14 July 2016;
- An orthopaedic review by the orthopaedic surgeon, dated 8 September 2016.

Your service

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

3 February 2008 and 30 November 2016

Left Hip - Labral Tear/Para Labral Cysts (Worsening)

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

- *inability to obtain appropriate clinical management for labral tear of the hip and shoulder before clinical worsening*

Diagnosis: Labral Tear/Para Labral Cysts (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 March 2025, and is supported by an MR arthrogram left hip report by the radiologist, dated 23 October 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 Labral Tear of the Hip and Shoulder (Balance of Probabilities) (No. 34 of 2026)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for labral tear of the hip and shoulder 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 sudden deep left groin pain with a clunk, followed by continuous groin pain radiating to the anterolateral thigh, painful clicking and catching on pivoting, pain on rising from a chair and sitting, and a limp on 6 June 2013.

The diagnosis was confirmed by MR arthrography on 23 October 2013, which showed a tear of the anterosuperior acetabular labrum with a 9 x 6 mm para-labral cyst. The same study showed normal femoral and acetabular morphology, with an alpha angle of 46 degrees and a lateral centre-edge angle of 30 degrees, and intact articular cartilage with no osteoarthritis. The exclusions in the Statement of Principles for degenerative tears associated with osteoarthritis and for tears associated with femoroacetabular impingement syndrome therefore do not apply.

After the condition arose, it was worsened during your service. After the injury on 6 June 2013 no hip imaging or orthopaedic assessment was available in theatre and you carried your own equipment for five days before evacuation.

This has then led to further investigations and the diagnosis of your condition of *Labral Tear/Para Labral Cysts (Worsening)*. I have accepted your condition of *Labral Tear/Para Labral Cysts (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 15 April 2014.

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