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 - Para Labral Cysts in keeping with Labral Degenerative Tearing

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 24 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 24 April 2025;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 15 January 2009;
- A ship's sick bay record by the medical officer, Frigate, dated 2 May 2009;
- A ship's sick bay record by the medical officer, Frigate, dated 18 May 2009;
- An obstetric ultrasound report by the coalition military hospital, dated 22 May 2009;
- An aeromedical evacuation record by the aeromedical evacuation team, dated 27 May 2009;
- An obstetric discharge summary by the obstetrician, dated 20 July 2009;
- An MR arthrogram left hip report by the radiologist, dated 10 November 2009;
- An orthopaedic consultation by the orthopaedic surgeon, dated 7 December 2009;
- An MR arthrogram left hip report by the radiologist, dated 16 August 2010;
- An operation report by the orthopaedic surgeon, dated 3 March 2011;
- A medical discharge documentation by the medical officer, Naval health centre, dated 5 July 2012.

Your service

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

12 January 2004 and 5 July 2012

Left Hip - Para Labral Cysts in keeping with Labral Degenerative Tearing

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: Para Labral Cysts in keeping with Labral Degenerative Tearing

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 24 April 2025, and is supported by an MR arthrogram left hip report by the radiologist, dated 10 November 2009.

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 tearing pain deep in the left groin, followed by continuous groin pain, painful clicking, catching on pivoting, pain on climbing ladders and on rising from sitting, and a limp on 18 May 2009.

The diagnosis was confirmed by MR arthrography on 10 November 2009, which showed a tear of the anterosuperior labrum with two para-labral cysts. The same study showed an alpha angle of 47 degrees, a lateral centre-edge angle of 31 degrees, no cam or pincer morphology, and a normal joint space and articular cartilage. The degenerative description relates to intrasubstance signal in the torn labrum. Because there was no osteoarthritis of the hip and no femoroacetabular impingement, the exclusions in the Statement of Principles do not apply.

This has then led to further investigations and the diagnosis of your condition of *Para Labral Cysts in keeping with Labral Degenerative Tearing*. I have accepted your condition of *Para Labral Cysts in keeping with Labral Degenerative Tearing*.

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 18 May 2009.

Left Hip - Para Labral Cysts in keeping with Labral Degenerative Tearing (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 24 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 24 April 2025;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 15 January 2009;
- A ship's sick bay record by the medical officer, Frigate, dated 2 May 2009;
- A ship's sick bay record by the medical officer, Frigate, dated 18 May 2009;
- An obstetric ultrasound report by the coalition military hospital, dated 22 May 2009;
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- An orthopaedic consultation by the orthopaedic surgeon, dated 7 December 2009;
- An MR arthrogram left hip report by the radiologist, dated 16 August 2010;
- An operation report by the orthopaedic surgeon, dated 3 March 2011;
- A medical discharge documentation by the medical officer, Naval health centre, dated 5 July 2012.

Your service

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

12 January 2004 and 5 July 2012

Left Hip - Para Labral Cysts in keeping with Labral Degenerative Tearing (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: Para Labral Cysts in keeping with Labral Degenerative Tearing (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 24 April 2025, and is supported by an MR arthrogram left hip report by the radiologist, dated 10 November 2009.

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 tearing pain deep in the left groin, followed by continuous groin pain, painful clicking, catching on pivoting, pain on climbing ladders and on rising from sitting, and a limp on 18 May 2009.

The diagnosis was confirmed by MR arthrography on 10 November 2009, which showed a tear of the anterosuperior labrum with two para-labral cysts. The same study showed an alpha angle of 47 degrees, a lateral centre-edge angle of 31 degrees, no cam or pincer morphology, and a normal joint space and articular cartilage. The degenerative description relates to intrasubstance signal in the torn labrum. Because there was no osteoarthritis of the hip and no femoroacetabular impingement, the exclusions in the Statement of Principles do not apply.

After the condition arose, it was worsened during your service. After the injury of 18 May 2009 you remained at sea for four days without imaging or orthopaedic assessment and continued to climb ladders on watch.

This has then led to further investigations and the diagnosis of your condition of *Para Labral Cysts in keeping with Labral Degenerative Tearing (Worsening)*. I have accepted your condition of *Para Labral Cysts in keeping with Labral Degenerative Tearing (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 16 August 2010.

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