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 - Trochanteric Bursitis

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 5 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 February 2025;
- A rheumatology consultation and MRI sacroiliac joints report by the rheumatologist, dated 14 April 2009;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 10 January 2011;
- A regimental aid post record by the medic, Afghanistan, dated 8 July 2011;
- A regimental aid post record by the medic, Afghanistan, dated 19 July 2011;
- An outpatient health record by the medical officer, Afghanistan, dated 25 July 2011;
- A regimental aid post record by the medic, Afghanistan, dated 4 August 2011;
- An ultrasound left hip report and sports medicine consultation by the sports physician, dated 18 October 2011;
- An MR arthrogram left hip report by the radiologist, dated 2 November 2015;
- A physiotherapy assessment by the physiotherapist, dated 5 December 2015;
- An operation report by the orthopaedic surgeon, dated 4 April 2016;
- A field medical record by the medic, dated 21 April 2016;
- An emergency department record (microbiology and MRI left hip report) by the hospital, dated 28 April 2016;
- An operation report and histology by the orthopaedic surgeon, dated 30 April 2016;
- An orthopaedic review by the orthopaedic surgeon, dated 6 June 2018.

Your service

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

19 June 2005 and 14 December 2018

Left Hip - Trochanteric Bursitis

You have stated that your condition was caused by:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of trochanteric bursitis*
- *having direct trauma to the affected bursa within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having an infection of the affected bursa at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of trochanteric bursitis*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *being obese at the time of the clinical onset or clinical worsening of trochanteric bursitis*

Diagnosis: Trochanteric Bursitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 February 2025, and is supported by an outpatient health record by the medical officer, Afghanistan, dated 25 July 2011.

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

Statement of Principles concerning Trochanteric Bursitis (Reasonable Hypothesis) (No. 92 of 2023)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of trochanteric bursitis*
- *having direct trauma to the affected bursa within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having an infection of the affected bursa at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of trochanteric bursitis*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *being obese at the time of the clinical onset or clinical worsening of trochanteric bursitis*

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 aching and burning pain over the left lateral hip radiating down the outer thigh, worse with patrolling, running, climbing and stairs, and pain at night when lying on the left side on 25 July 2011.

The diagnosis was made clinically by a medical officer on 25 July 2011, on the basis of lateral hip pain worse with activity and at night, point tenderness over the greater trochanter reproducing the pain, and a normal hip joint range of motion. It was confirmed by ultrasound on 18 October 2011, which showed a distended trochanteric bursa with 7 mm of fluid and intact gluteal tendons, and by a sports physician on the same date. This meets the Statement of Principles definition of a symptomatic disease involving inflammation of the bursae around the greater trochanter.

This has then led to further investigations and the diagnosis of your condition of *Trochanteric Bursitis*. I have accepted your condition of *Trochanteric Bursitis*.

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 22 July 2011.

Left Hip - Trochanteric Bursitis (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 5 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 February 2025;
- A rheumatology consultation and MRI sacroiliac joints report by the rheumatologist, dated 14 April 2009;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 10 January 2011;
- A regimental aid post record by the medic, Afghanistan, dated 8 July 2011;
- A regimental aid post record by the medic, Afghanistan, dated 19 July 2011;
- An outpatient health record by the medical officer, Afghanistan, dated 25 July 2011;
- A regimental aid post record by the medic, Afghanistan, dated 4 August 2011;
- An ultrasound left hip report and sports medicine consultation by the sports physician, dated 18 October 2011;
- An MR arthrogram left hip report by the radiologist, dated 2 November 2015;
- A physiotherapy assessment by the physiotherapist, dated 5 December 2015;
- An operation report by the orthopaedic surgeon, dated 4 April 2016;
- A field medical record by the medic, dated 21 April 2016;
- An emergency department record (microbiology and MRI left hip report) by the hospital, dated 28 April 2016;
- An operation report and histology by the orthopaedic surgeon, dated 30 April 2016;
- An orthopaedic review by the orthopaedic surgeon, dated 6 June 2018.

Your service

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

19 June 2005 and 14 December 2018

Left Hip - Trochanteric Bursitis (Worsening)

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

- *running or jogging an average of at least 60 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 6 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 4 hours per day; within the one week before the clinical onset or clinical worsening of trochanteric bursitis*
- *having direct trauma to the affected bursa within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having an infection of the affected bursa at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of trochanteric bursitis*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *being obese at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *inability to obtain appropriate clinical management for trochanteric bursitis before the clinical worsening of trochanteric bursitis*

Diagnosis: Trochanteric Bursitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 February 2025, and is supported by an outpatient health record by the medical officer, Afghanistan, dated 25 July 2011.

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

Statement of Principles concerning Trochanteric Bursitis (Balance of Probabilities) (No. 93 of 2023)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 60 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 6 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*

- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 4 hours per day; within the one week before the clinical onset or clinical worsening of trochanteric bursitis*
- *having direct trauma to the affected bursa within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *having an infection of the affected bursa at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of trochanteric bursitis*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of trochanteric bursitis*
- *being obese at the time of the clinical onset or clinical worsening of trochanteric bursitis*
- *inability to obtain appropriate clinical management for trochanteric bursitis before the clinical worsening of trochanteric bursitis*

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 aching and burning pain over the left lateral hip radiating down the outer thigh, worse with patrolling, running, climbing and stairs, and pain at night when lying on the left side on 25 July 2011.

The diagnosis was made clinically by a medical officer on 25 July 2011, on the basis of lateral hip pain worse with activity and at night, point tenderness over the greater trochanter reproducing the pain, and a normal hip joint range of motion. It was confirmed by ultrasound on 18 October 2011, which showed a distended trochanteric bursa with 7 mm of fluid and intact gluteal tendons, and by a sports physician on the same date. This meets the Statement of Principles definition of a symptomatic disease involving inflammation of the bursae around the greater trochanter.

After the condition arose, it was worsened during your service. Your training log, kept for unit physical training records, shows that from 24 June 2011 to 22 July 2011 you ran an average of 62 km a week on the patrol base perimeter track and treadmill, in four weekly sessions including a long run of 24 km, as part of a unit-endorsed charity marathon program and your own preparation for a selection course. From 24 June 2011 to 22 July 2011 your patrol reports record dismounted patrolling of about 12 hours a week carrying 35 kg over rough and irrigated ground, rising further from 15 July 2011. On 15 July 2011 your company began a clearance operation and your daily dismounted patrolling increased from about 2 hours to about 5 hours, carrying 35 kg, as recorded in the patrol program and your section's patrol reports. On 8 July 2011 you fell about 1.2 m while dismounting from a protected mobility vehicle under a 35 kg load and struck your left lateral hip on the steel edge of the rear step. On 4 April 2016 you underwent left hip

arthroscopy with labral repair, using portals placed immediately adjacent to the left greater trochanter. At the clinical worsening on 28 April 2016 aspiration of the left trochanteric bursa yielded 15 mL of turbid fluid that grew Staphylococcus aureus, and MRI showed an enlarged bursa with rim enhancement. Ankylosing spondylitis, which is on the specified list of systemic inflammatory diseases, was diagnosed by a rheumatologist on 14 April 2009 on the basis of inflammatory back pain, a positive HLA-B27 and active bilateral sacroiliitis on MRI. After the left hip labral tear sustained in a fall from a training tower on 12 September 2015, a physiotherapist recorded a significantly antalgic, Trendelenburg gait on 5 December 2015, and the same gait was recorded at every review to April 2016, followed by crutch walking after surgery on 4 April 2016. You weighed 104 kg at a height of 1.83 m on 10 January 2011, a BMI of 31.1, and 105 kg, a BMI of 31.4, at a regimental aid post weigh-in on 4 August 2011, so you were obese at the clinical onset on 22 July 2011. After the diagnosis on 25 July 2011 no ultrasound, physiotherapy or corticosteroid injection was available at the patrol base, and you continued daily loaded patrols for more than two months, so the bursitis became chronic with a thickened bursa.

This has then led to further investigations and the diagnosis of your condition of *Trochanteric Bursitis (Worsening)*. I have accepted your condition of *Trochanteric Bursitis (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 28 April 2016.

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