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 Shoulder - Degenerative Labral Tearing, Rotator Cuff Tendinopathy and AC Joint Degenerative Change

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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A deployed health record by the medical officer, Afghanistan, dated 22 September 2010;
- An ultrasound left shoulder and physiotherapy records by the radiologist and physiotherapist, dated 14 May 2013;
- A modified duties certificate and class rosters by the medical officer and officer in charge, dated 9 February 2015;
- An obstetric unit assessment by the obstetrician, dated 9 March 2015;
- An outpatient health record by the medical officer, Garrison health centre, dated 10 March 2015;
- An MR arthrogram left hip report by the radiologist, dated 18 June 2015;
- An MR arthrogram left shoulder report by the radiologist, dated 12 January 2016;
- An orthopaedic consultation by the orthopaedic surgeon, dated 27 January 2016;
- A deployed health record by the medical officer, Iraq, dated 20 September 2016;
- An MR arthrogram left shoulder report by the radiologist, dated 2 December 2016;
- An operation report by the orthopaedic surgeon, dated 15 March 2017.

Your service

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

19 April 2004 and 3 February 2023

Left Shoulder - Degenerative Labral Tearing, Rotator Cuff Tendinopathy and AC Joint Degenerative Change

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: Degenerative Labral Tearing, Rotator Cuff Tendinopathy and AC Joint Degenerative Change

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by an MR arthrogram left shoulder report by the radiologist, dated 12 January 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 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:

- *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 deep posterior and superior left shoulder pain, painful clicking and catching on rotation, loss of overhead reach and weakness lifting with the arm raised, with groin pain from the associated hip injury on 10 March 2015.

The diagnosis was confirmed by MR arthrography of the left shoulder on 12 January 2016, which showed a tear of the superior glenoid labrum extending posteriorly from the biceps anchor, in a veteran with deep shoulder pain, painful clicking, loss of overhead movement and positive O'Brien's and crank tests recorded from 10 March 2015. This meets the Statement of Principles definition of labral tear of the hip and shoulder: an injury involving tearing of the fibrocartilaginous rim of the shoulder joint, with relevant symptoms and corresponding clinical signs and consistent imaging findings.

This has then led to further investigations and the diagnosis of your condition of *Degenerative Labral Tearing, Rotator Cuff Tendinopathy and AC Joint Degenerative Change*. I have accepted your condition of *Degenerative Labral Tearing, Rotator Cuff Tendinopathy and AC Joint Degenerative Change*.

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 9 March 2015.

Left Shoulder - Degenerative Labral Tearing, Rotator Cuff Tendinopathy and AC Joint Degenerative Change (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 14 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 August 2025;
- A deployed health record by the medical officer, Afghanistan, dated 22 September 2010;
- An ultrasound left shoulder and physiotherapy records by the radiologist and physiotherapist, dated 14 May 2013;
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- A deployed health record by the medical officer, Iraq, dated 20 September 2016;
- An MR arthrogram left shoulder report by the radiologist, dated 2 December 2016;
- An operation report by the orthopaedic surgeon, dated 15 March 2017.

Your service

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

19 April 2004 and 3 February 2023

Left Shoulder - Degenerative Labral Tearing, Rotator Cuff Tendinopathy and AC Joint Degenerative Change (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: Degenerative Labral Tearing, Rotator Cuff Tendinopathy and AC Joint Degenerative Change (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 August 2025, and is supported by an MR arthrogram left shoulder report by the radiologist, dated 12 January 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 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:

- *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 deep posterior and superior left shoulder pain, painful clicking and catching on rotation, loss of overhead reach and weakness lifting with the arm raised, with groin pain from the associated hip injury on 10 March 2015.

The diagnosis was confirmed by MR arthrography of the left shoulder on 12 January 2016, which showed a tear of the superior glenoid labrum extending posteriorly from the biceps anchor, in a veteran with deep shoulder pain, painful clicking, loss of overhead movement and positive O'Brien's and crank tests recorded from 10 March 2015. This meets the Statement of Principles definition of labral tear of the hip and shoulder: an injury involving tearing of the fibrocartilaginous rim of the shoulder joint, with relevant symptoms and corresponding clinical signs and consistent imaging findings.

After the condition arose, it was worsened during your service. From June to November 2016, on warlike service in Iraq, you could not obtain MR arthrography, physiotherapy or orthopaedic review for your symptomatic left shoulder labral tear and continued instructing partner-force soldiers in close combat and weapons handling.

This has then led to further investigations and the diagnosis of your condition of *Degenerative Labral Tearing, Rotator Cuff Tendinopathy and AC Joint Degenerative Change (Worsening)*. I have accepted your condition of *Degenerative Labral Tearing, Rotator Cuff Tendinopathy and AC Joint Degenerative Change (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 wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 20 September 2016.

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