# 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 - Para Labral Cyst

### 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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 20 November 2006;
- A role 1 clinical record by the medical officer, Solomon Islands, dated 14 February 2007;
- An obstetric ultrasound report by the sonographer and obstetrician, regional hospital, dated 15 February 2007;
- An aeromedical evacuation record by the aeromedical evacuation team, dated 18 February 2007;
- An MRI left shoulder report by the radiologist, dated 12 July 2007;
- An orthopaedic consultation by the orthopaedic surgeon, dated 5 November 2007;
- An MRI left shoulder report by the radiologist, dated 3 March 2009;
- A nerve conduction study report by the neurologist, dated 17 March 2009;
- An operation report by the orthopaedic surgeon, dated 16 June 2009;
- An MRI left shoulder report by the radiologist, dated 14 February 2010.

### Your service

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

8 July 2002 and 30 November 2014

# Left Shoulder - Para Labral Cyst

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 Cyst

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an MRI left shoulder report by the radiologist, dated 12 July 2007.

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 posterior left shoulder pain, a painful click and catching on overhead movement, pain lifting and throwing loads, and pain lying on the shoulder at night on 14 February 2007.

The diagnosis was confirmed by MRI of the left shoulder on 12 July 2007, which showed a tear of the posterosuperior glenoid labrum with a 14 mm lobulated para-labral cyst extending into the spinoglenoid notch, and by an orthopaedic surgeon on 5 November 2007. The cyst arises from

and communicates with the labral tear, so the underlying condition is a labral tear of the shoulder within the meaning of the Statement of Principles.

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

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 14 February 2007.

# Left Shoulder - Para Labral Cyst (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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 20 November 2006;
- A role 1 clinical record by the medical officer, Solomon Islands, dated 14 February 2007;
- An obstetric ultrasound report by the sonographer and obstetrician, regional hospital, dated 15 February 2007;
- An aeromedical evacuation record by the aeromedical evacuation team, dated 18 February 2007;
- An MRI left shoulder report by the radiologist, dated 12 July 2007;
- An orthopaedic consultation by the orthopaedic surgeon, dated 5 November 2007;
- An MRI left shoulder report by the radiologist, dated 3 March 2009;
- A nerve conduction study report by the neurologist, dated 17 March 2009;
- An operation report by the orthopaedic surgeon, dated 16 June 2009;
- An MRI left shoulder report by the radiologist, dated 14 February 2010.

## Your service

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

8 July 2002 and 30 November 2014

## Left Shoulder - Para Labral Cyst (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 Cyst (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an MRI left shoulder report by the radiologist, dated 12 July 2007.

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 posterior left shoulder pain, a painful click and catching on overhead movement, pain lifting and throwing loads, and pain lying on the shoulder at night on 14 February 2007.

The diagnosis was confirmed by MRI of the left shoulder on 12 July 2007, which showed a tear of the posterosuperior glenoid labrum with a 14 mm lobulated para-labral cyst extending into the spinoglenoid notch, and by an orthopaedic surgeon on 5 November 2007. The cyst arises from and communicates with the labral tear, so the underlying condition is a labral tear of the shoulder within the meaning of the Statement of Principles.

After the condition arose, it was worsened during your service. An orthopaedic surgeon recommended arthroscopic labral repair and cyst decompression on 5 November 2007.

This has then led to further investigations and the diagnosis of your condition of *Para Labral Cyst (Worsening)*. I have accepted your condition of *Para Labral Cyst (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 3 March 2009.

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