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 - SLAP Tear (12 o'clock)

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 22 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 August 2025;
- A pre-deployment medical examination by the medical officer, Base health centre, dated 20 May 2013;
- A role 1 clinical record by the medical officer, Middle East Area of Operations, dated 12 September 2013;
- An obstetric ultrasound and shoulder X-ray reports by Role 2 facility, dated 13 September 2013;
- An aeromedical evacuation record by the aeromedical evacuation team, dated 16 September 2013;
- An obstetric discharge summary by the obstetrician, dated 8 November 2013;
- An MR arthrogram left shoulder report by the radiologist, dated 18 February 2014;
- An orthopaedic consultation by the orthopaedic surgeon, dated 3 March 2014;
- A theatre cancellation notice by the military hospital, dated 10 March 2015;
- An MR arthrogram left shoulder report by the radiologist, dated 21 July 2015;
- An operation report by the orthopaedic surgeon, dated 6 October 2015.

Your service

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

14 July 2005 and 14 December 2017

Left Shoulder - SLAP Tear (12 o'clock)

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: SLAP Tear (12 o'clock)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 August 2025, and is supported by an MR arthrogram left shoulder report by the radiologist, dated 18 February 2014.

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 deep, poorly localised pain at the top and back of the left shoulder, a painful click and catching with overhead movement, pain lifting or pulling with the left arm and loss of strength when reaching overhead.After the worsening the clicking and catching became frequent, you had episodes of the shoulder feeling unstable and pain at the front of the shoulder over the biceps tendon on 12 September 2013.

The diagnosis was confirmed by MR arthrography of the left shoulder on 18 February 2014, which showed a type II SLAP tear centred at 12 o'clock and extending from 11 to 1 o'clock, with

detachment of the superior labrum and biceps anchor, and by an orthopaedic surgeon on 3 March 2014. This is a tear of the fibrocartilaginous rim of the shoulder joint and meets the Statement of Principles definition of labral tear. It is an acute traumatic tear in a 26-year-old with a normal shoulder before injury and no osteoarthritis, not a degenerative tear.

This has then led to further investigations and the diagnosis of your condition of *SLAP Tear (12 o'clock)*. I have accepted your condition of *SLAP Tear (12 o'clock)*.

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 12 September 2013.

Left Shoulder - SLAP Tear (12 o'clock) (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 22 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 August 2025;
- A pre-deployment medical examination by the medical officer, Base health centre, dated 20 May 2013;
- A role 1 clinical record by the medical officer, Middle East Area of Operations, dated 12 September 2013;
- An obstetric ultrasound and shoulder X-ray reports by Role 2 facility, dated 13 September 2013;
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- A theatre cancellation notice by the military hospital, dated 10 March 2015;
- An MR arthrogram left shoulder report by the radiologist, dated 21 July 2015;
- An operation report by the orthopaedic surgeon, dated 6 October 2015.

Your service

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

14 July 2005 and 14 December 2017

Left Shoulder - SLAP Tear (12 o'clock) (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: SLAP Tear (12 o'clock) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 August 2025, and is supported by an MR arthrogram left shoulder report by the radiologist, dated 18 February 2014.

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 deep, poorly localised pain at the top and back of the left shoulder, a painful click and catching with overhead movement, pain lifting or pulling with the left arm and loss of strength when reaching overhead.After the worsening the clicking and catching became frequent, you had episodes of the shoulder feeling unstable and pain at the front of the shoulder over the biceps tendon on 12 September 2013.

The diagnosis was confirmed by MR arthrography of the left shoulder on 18 February 2014, which showed a type II SLAP tear centred at 12 o'clock and extending from 11 to 1 o'clock, with detachment of the superior labrum and biceps anchor, and by an orthopaedic surgeon on 3 March 2014. This is a tear of the fibrocartilaginous rim of the shoulder joint and meets the Statement of Principles definition of labral tear. It is an acute traumatic tear in a 26-year-old with a normal shoulder before injury and no osteoarthritis, not a degenerative tear.

After the condition arose, it was worsened during your service. Appropriate management of an acute traumatic SLAP tear with persistent mechanical symptoms in a young athlete or manual worker is early MR arthrography, an orthopaedic opinion and, where symptoms persist after rehabilitation, arthroscopic repair or biceps tenodesis.

This has then led to further investigations and the diagnosis of your condition of *SLAP Tear (12 o'clock) (Worsening)*. I have accepted your condition of *SLAP Tear (12 o'clock) (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 21 July 2015.

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