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.

Right Hip - CAM Type Femoroacetabular Impingement (FAI)

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 6 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 May 2025;
- An enlistment medical examination by the medical officer, dated 10 November 2008;
- A periodic health examination by the medical officer, Base health centre, dated 18 March 2014;
- An outpatient health record by the medical officer, Base health centre, dated 24 June 2014;
- X-ray pelvis and right hip by the radiologist, dated 18 July 2014;
- A specialist consultation by the sports physician, dated 2 September 2014;
- A specialist review by the sports physician, dated 14 February 2017;
- An outpatient health record by Role 1 facility, Middle East Area of Operations, dated 3 May 2018;
- An MR arthrogram right hip by the radiologist, dated 16 August 2018;
- A specialist consultation by the orthopaedic surgeon, dated 16 August 2018;
- An operation report by the orthopaedic surgeon, dated 14 March 2019;
- An X-ray right hip by the radiologist, dated 21 January 2022.

Your service

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

14 January 2009 and 30 June 2023

Right Hip - CAM Type Femoroacetabular Impingement (FAI)

You have stated that your condition was caused by:

- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 8 METS; and (b) for at least 6 hours per week; and for cumulative period of at least 5 years before clinical onset*

Diagnosis: CAM Type Femoroacetabular Impingement (FAI)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 May 2025, and is supported by a specialist consultation by the sports physician, dated 2 September 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 Femoroacetabular Impingement Syndrome (Balance of Probabilities) (No. 4 of 2026)

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

I am satisfied that you have met the following factor:

- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 8 METS; and (b) for at least 6 hours per week; and for cumulative period of at least 5 years before clinical onset*

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 right groin pain, worse with sprinting, cutting in rugby, deep squatting and prolonged sitting in vehicles, with occasional clicking on 24 June 2014.

The Statement of Principles requires relevant symptoms and corresponding clinical signs together with imaging consistent with abnormal morphology at the hip joint that leads to impingement. You had motion-related and position-related right groin pain with clicking, reduced internal rotation in flexion and a positive flexion, adduction and internal rotation test reproducing your typical pain on 24 June 2014. X-ray on 18 July 2014 showed cam morphology with an alpha angle of 68 degrees.

This has then led to further investigations and the diagnosis of your condition of *CAM Type Femoroacetabular Impingement (FAI)*. I have accepted your condition of *CAM Type Femoroacetabular Impingement (FAI)*.

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 12 June 2014.

Right Hip - CAM Type Femoroacetabular Impingement (FAI) (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 6 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 May 2025;
- An enlistment medical examination by the medical officer, dated 10 November 2008;
- A periodic health examination by the medical officer, Base health centre, dated 18 March 2014;
- An outpatient health record by the medical officer, Base health centre, dated 24 June 2014;
- X-ray pelvis and right hip by the radiologist, dated 18 July 2014;
- A specialist consultation by the sports physician, dated 2 September 2014;
- A specialist review by the sports physician, dated 14 February 2017;
- An outpatient health record by Role 1 facility, Middle East Area of Operations, dated 3 May 2018;
- An MR arthrogram right hip by the radiologist, dated 16 August 2018;
- A specialist consultation by the orthopaedic surgeon, dated 16 August 2018;
- An operation report by the orthopaedic surgeon, dated 14 March 2019;
- An X-ray right hip by the radiologist, dated 21 January 2022.

Your service

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

14 January 2009 and 30 June 2023

Right Hip - CAM Type Femoroacetabular Impingement (FAI) (Worsening)

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

- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 8 METS; and (b) for at least 6 hours per week; and for*

cumulative period of at least 1 year before clinical worsening

- *inability to obtain appropriate clinical management for femoroacetabular impingement syndrome before clinical worsening*

Diagnosis: CAM Type Femoroacetabular Impingement (FAI) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 May 2025, and is supported by a specialist consultation by the sports physician, dated 2 September 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 Femoroacetabular Impingement Syndrome (Balance of Probabilities) (No. 4 of 2026)

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

I am satisfied that you have met the following factor:

- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 8 METS; and (b) for at least 6 hours per week; and for cumulative period of at least 1 year before clinical worsening*
- *inability to obtain appropriate clinical management for femoroacetabular impingement syndrome 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 right groin pain, worse with sprinting, cutting in rugby, deep squatting and prolonged sitting in vehicles, with occasional clicking on 24 June 2014.

The Statement of Principles requires relevant symptoms and corresponding clinical signs together with imaging consistent with abnormal morphology at the hip joint that leads to impingement. You had motion-related and position-related right groin pain with clicking, reduced internal rotation in flexion and a positive flexion, adduction and internal rotation test reproducing your typical pain on 24 June 2014. X-ray on 18 July 2014 showed cam morphology with an alpha angle of 68 degrees.

After the condition arose, it was worsened during your service. After onset you continued unit rugby union through the 2015 to 2017 seasons and full Airfield Defence Guard training to maintain your physical employment standards, for 7 to 9 hours a week, as recorded at your review on 14 February 2017. Appropriate management of symptomatic cam type impingement in a young person with ongoing high-demand activity is activity modification, targeted physiotherapy and timely surgical assessment, with arthroscopic osteochondroplasty when symptoms persist.

This has then led to further investigations and the diagnosis of your condition of *CAM Type Femoroacetabular Impingement (FAI) (Worsening)*. I have accepted your condition of *CAM Type Femoroacetabular Impingement (FAI) (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 2018.

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.