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 - Femoroacetabular Impingement Syndrome

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 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 July 2025;
- A periodic health examination by the medical officer, dated 16 June 2011;
- An outpatient health record by the medical officer, Base health centre, dated 5 December 2011;
- X-ray pelvis and right hip by the radiologist, dated 12 January 2012;
- A specialist consultation by the sports physician, dated 20 February 2012;
- A specialist review by the sports physician, dated 4 November 2013;
- A ship's medical record by the medical sailor, Middle East Area of Operations, dated 21 June 2014;
- An MR arthrogram right hip by the radiologist, dated 12 November 2014;
- A specialist consultation by the orthopaedic surgeon, dated 12 November 2014;
- An operation report by the orthopaedic surgeon, dated 20 January 2016;
- An X-ray right hip by the radiologist, dated 8 March 2019.

Your service

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

19 January 2004 and 2 December 2020

Right Hip - Femoroacetabular Impingement Syndrome

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: Femoroacetabular Impingement Syndrome

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 July 2025, and is supported by a specialist consultation by the sports physician, dated 20 February 2012.

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 with lunging, sprinting, deep squatting and high-knee drills, and on prolonged sitting on 5 December 2011.

The Statement of Principles requires relevant symptoms and corresponding clinical signs together with imaging showing abnormal morphology at the hip joint that leads to impingement. You had motion-related and position-related right groin pain, restricted flexion and internal rotation and a positive flexion, adduction and internal rotation test reproducing your typical pain on 5 December 2011. X-ray on 12 January 2012 showed cam morphology with an alpha angle of 62 degrees and pincer morphology with a lateral centre-edge angle of 41 degrees and a crossover sign.

This has then led to further investigations and the diagnosis of your condition of *Femoroacetabular Impingement Syndrome*. I have accepted your condition of *Femoroacetabular Impingement Syndrome*.

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 21 November 2011.

Right Hip - Femoroacetabular Impingement Syndrome (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 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 July 2025;
- A periodic health examination by the medical officer, dated 16 June 2011;
- An outpatient health record by the medical officer, Base health centre, dated 5 December 2011;
- X-ray pelvis and right hip by the radiologist, dated 12 January 2012;
- A specialist consultation by the sports physician, dated 20 February 2012;
- A specialist review by the sports physician, dated 4 November 2013;
- A ship's medical record by the medical sailor, Middle East Area of Operations, dated 21 June 2014;
- An MR arthrogram right hip by the radiologist, dated 12 November 2014;
- A specialist consultation by the orthopaedic surgeon, dated 12 November 2014;
- An operation report by the orthopaedic surgeon, dated 20 January 2016;
- An X-ray right hip by the radiologist, dated 8 March 2019.

Your service

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

19 January 2004 and 2 December 2020

Right Hip - Femoroacetabular Impingement Syndrome (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: Femoroacetabular Impingement Syndrome (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 July 2025, and is supported by a specialist consultation by the sports physician, dated 20 February 2012.

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 with lunging, sprinting, deep squatting and high-knee drills, and on prolonged sitting on 5 December 2011.

The Statement of Principles requires relevant symptoms and corresponding clinical signs together with imaging showing abnormal morphology at the hip joint that leads to impingement. You had motion-related and position-related right groin pain, restricted flexion and internal rotation and a positive flexion, adduction and internal rotation test reproducing your typical pain on 5 December 2011. X-ray on 12 January 2012 showed cam morphology with an alpha angle of 62 degrees and pincer morphology with a lateral centre-edge angle of 41 degrees and a crossover sign.

After the condition arose, it was worsened during your service. After onset you continued full instructing duties of about 10 classes a week and played the 2012 and 2013 hockey seasons, as recorded at your review on 4 November 2013. Appropriate management of symptomatic femoroacetabular impingement syndrome that does not settle with physiotherapy and injection is modification of high-impact activity and timely surgical assessment.

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

Femoroacetabular Impingement Syndrome (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 12 November 2014.

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.