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 - Gluteal Tendinopathy

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 12 January 2012;
- A patrol base treatment record by the medical officer, Afghanistan, dated 31 May 2012;
- A role 2 medical facility record by the medical officer, Afghanistan, dated 20 June 2012;
- An ultrasound right hip by the radiologist, dated 5 November 2012;
- A sports medicine consultation by the sports physician, dated 5 November 2012;
- A role 2 medical facility record by the medical officer, Iraq, dated 6 March 2018;
- A rheumatology consultation by the rheumatologist, dated 14 August 2018;
- An MRI arthrogram right hip by the radiologist, dated 14 August 2018;
- An operation report by the orthopaedic surgeon, dated 20 September 2018;
- An MRI right hip by the radiologist, dated 10 October 2018;
- A sports medicine review by the sports physician, dated 10 October 2018.

Your service

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

20 January 2004 and 15 March 2021

Right Hip - Gluteal Tendinopathy

You have stated that your condition was caused by:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having direct trauma to the affected tendon within the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *being obese at the time of the clinical onset or clinical worsening of gluteal tendinopathy*

Diagnosis: Gluteal Tendinopathy

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by an ultrasound right hip by the radiologist, dated 5 November 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 Gluteal Tendinopathy (Reasonable Hypothesis) (No. 94 of 2023)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 30 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 4 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*

- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 2 hours per day; within the one week before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having direct trauma to the affected tendon within the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *being obese at the time of the clinical onset or clinical worsening of gluteal tendinopathy*

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 right lateral hip pain radiating into the buttock and down the outer thigh, worse with running, stairs, climbing into vehicles, standing on the right leg and lying on the right side at night on 20 June 2012.

The diagnosis is clinical, supported by imaging. On 20 June 2012 you had right lateral hip pain with focal tenderness over the greater trochanter, a positive 30-second single-leg stance test and pain on resisted hip abduction, the recognised clinical features of gluteal tendinopathy. Ultrasound on 5 November 2012 showed tendinosis of the gluteus medius tendon at its insertion, and a sports physician confirmed the diagnosis. This meets the Statement of Principles definition: a symptomatic degenerative disease of the gluteus medius tendon at its insertion into the greater trochanter.

This has then led to further investigations and the diagnosis of your condition of *Gluteal Tendinopathy*. I have accepted your condition of *Gluteal Tendinopathy*.

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 18 June 2012.

Right Hip - Gluteal Tendinopathy (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 12 January 2012;
- A patrol base treatment record by the medical officer, Afghanistan, dated 31 May 2012;
- A role 2 medical facility record by the medical officer, Afghanistan, dated 20 June 2012;
- An ultrasound right hip by the radiologist, dated 5 November 2012;
- A sports medicine consultation by the sports physician, dated 5 November 2012;
- A role 2 medical facility record by the medical officer, Iraq, dated 6 March 2018;
- A rheumatology consultation by the rheumatologist, dated 14 August 2018;
- An MRI arthrogram right hip by the radiologist, dated 14 August 2018;
- An operation report by the orthopaedic surgeon, dated 20 September 2018;
- An MRI right hip by the radiologist, dated 10 October 2018;
- A sports medicine review by the sports physician, dated 10 October 2018.

Your service

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

20 January 2004 and 15 March 2021

Right Hip - Gluteal Tendinopathy (Worsening)

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

- *running or jogging an average of at least 60 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 6 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*

- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 4 hours per day; within the one week before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having direct trauma to the affected tendon within the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *being obese at the time of the clinical onset or clinical worsening of gluteal tendinopathy*
- *inability to obtain appropriate clinical management for gluteal tendinopathy before the clinical worsening of gluteal tendinopathy*

Diagnosis: Gluteal Tendinopathy (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 ultrasound right hip by the radiologist, dated 5 November 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 Gluteal Tendinopathy (Balance of Probabilities) (No. 95 of 2023)

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

I am satisfied that you have met the following factor:

- *running or jogging an average of at least 60 kilometres per week for the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *undertaking weight bearing exercise involving repeated activity of the hip on the affected side for: (a) a minimum intensity of 5 METS; and (b) for at least 6 hours per week; and for at least the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *increasing the frequency, duration or intensity of activity involving the hip on the affected side: (a) by at least 100 percent; and (b) to a minimum intensity of 5 METs; and (c) for at least 4 hours per day; within the one week before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having direct trauma to the affected tendon within the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*

- *having surgery to the hip of the affected side within the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having a systemic inflammatory disease before the clinical onset or clinical worsening of gluteal tendinopathy*
- *having a significantly abnormal gait for at least the 4 weeks before the clinical onset or clinical worsening of gluteal tendinopathy*
- *being obese at the time of the clinical onset or clinical worsening of gluteal tendinopathy*
- *inability to obtain appropriate clinical management for gluteal tendinopathy before the clinical worsening of gluteal tendinopathy*

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 right lateral hip pain radiating into the buttock and down the outer thigh, worse with running, stairs, climbing into vehicles, standing on the right leg and lying on the right side at night on 20 June 2012.

The diagnosis is clinical, supported by imaging. On 20 June 2012 you had right lateral hip pain with focal tenderness over the greater trochanter, a positive 30-second single-leg stance test and pain on resisted hip abduction, the recognised clinical features of gluteal tendinopathy. Ultrasound on 5 November 2012 showed tendinosis of the gluteus medius tendon at its insertion, and a sports physician confirmed the diagnosis. This meets the Statement of Principles definition: a symptomatic degenerative disease of the gluteus medius tendon at its insertion into the greater trochanter.

After the condition arose, it was worsened during your service. In the 4 weeks before onset, from 21 May 2012 to 18 June 2012, you ran an average of 64 km a week, recorded in your training log and in the role 2 notes of 20 June 2012. In addition to running, throughout the 4 weeks before onset, from 21 May 2012 to 18 June 2012, you completed more than 7 hours a week of pack marching with 25 to 30 kg, step and stair circuits and sustained brisk walking in supervised physical training sessions, each at 6 to 8 METs. On 11 June 2012, one week before onset, you were tasked to daily dismounted patrols over rocky ground carrying body armour and a 30 kg pack. On 30 May 2012, 19 days before onset, you fell from the rear step of a protected mobility vehicle onto rocky ground, landing directly on your right greater trochanter while carrying body armour and a pack. You had right hip arthroscopy with labral repair on 20 September 2018, 20 days before the documented worsening on 10 October 2018. You developed reactive arthritis on 6 March 2018 after culture-proven Campylobacter gastroenteritis on 8 February 2018, confirmed as HLA-B27 positive reactive arthritis by a rheumatologist on 14 August 2018. From 6 March 2018 you walked with an antalgic left-sided limp from reactive arthritis of the left knee and ankle, with a right Trendelenburg sign and your weight shifted onto the right hip. At the worsening on 10 October 2018 you weighed 87 kg at a height of 1.67 m, a BMI of 31.2. From February to July 2018, while deployed, you had no access to physiotherapy, imaging or image-guided injection, and your prescribed tendon loading program could not be continued alongside the reactive arthritis.

This has then led to further investigations and the diagnosis of your condition of *Gluteal Tendinopathy (Worsening)*. I have accepted your condition of *Gluteal Tendinopathy (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 10 October 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.